

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500008047

**Entity Name:** ELLENTON PO GP, LLC

**Current Principal Place of Business:**

225 W. WASHINGTON STREET  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

C/O CORPORATE PARALEGAL P.O. BOX 7033  
INDIANAPOLIS, IN 46207-7033 US

**FEI Number:** 47-5314781

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MBR  
Name SIMON PROPERTY GROUP, L.P.  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name BROAS, MATTHEW J.  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY  
Name FIVEL, STEVEN E.  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name MCDADE, BRIAN  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name RULLI, JOHN  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title COO & EVP  
Name SILVESTRI, MARK  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title COB  
Name SIMON, DAVID  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name THYGESEN, MICHAEL  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN E. FIVEL

**SECRETARY**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           TREASURER  
Name           FREY, DONALD G  
Address        225 W WASHINGTON ST  
City-State-Zip: INDIANAPOLIS IN 46204

Title           ASSISTANT SECRETARY  
Name           KELLY, KEVIN M  
Address        225 W WASHINGTON ST  
City-State-Zip: INDIANAPOLIS IN 46204

Title           CHIEF ACCOUNTING OFFICER  
Name           REUILLE, ADAM  
Address        225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204