

2023 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: THERESA MCCLURE

AUTHORIZED REP.

04/06/2023

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