

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A32246
1. Entity Name
BRANDON LAND PARTNERS, LTD.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **900 NORTH MICHIGAN AVENUE CHICAGO IL 60611**
Mailing Address: **900 NORTH MICHIGAN AVENUE CHICAGO IL 60611**

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2. Principal Place of Business: **11601 WILSHIRE BLVD. LEGAL DEPT. - SUITE 1200 LOS ANGELES CALIFORNIA 90025 USA**
3. Mailing Address: **c/o WESTFIELD 11601 WILSHIRE BLVD. 12TH FLR. LEGAL DEPT LOS ANGELES CALIFORNIA 90025 USA**

DUE BY MAY 1, 2002

4. FEI Number: **36-3796263**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

8. 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$1,389,556.38**
10. Amount of Capital Contributions in FLORIDA to date: **1,389,556.38**
11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	M02000000907	STREET ADDRESS	
NAME	WEA BRANDON II GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	c/o Westfield Corporation		
CITY-ST-ZIP	11601 Wilshire Blvd., 12th Floor Legal Los Angeles, CA 90025		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **LEESA ASHLEY**
ASSISTANT SECRETARY
Date: **6/26/02** (310) 445-2426
Daytime Phone #

CR2E003 (9/01)