

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32246**



1. Entity Name  
**BRANDON LAND PARTNERS, LTD.**

Principal Place of Business  
**C/O WESTFIELD  
11601 WILSHIRE BLVD., 12TH FL. LEGAL DEPT.  
LOS ANGELES CA 90025**

Mailing Address  
**C/O WESTFIELD  
11601 WILSHIRE BLVD., 12TH FL. LEGAL DEPT.  
LOS ANGELES CA 90025**

**FILED**  
**03 FEB 11 AM 10:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **36-3796263**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 FL. 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 # **M0200000907**  
NAME **WEA BRANDON II GP, LLC**  
STREET ADDRESS **11601 WILSHIRE BLVD., 12TH FL, LEGAL DEPT.**  
CITY-ST-ZIP **LOS ANGELES CA 90025**

STREET ADDRESS

CITY-ST-ZIP

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**500011893445**  
**02/06/03--01006--007 \*\*1052.50**

CR2E003 (10/02)

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/29/03** (310) 575-6057  
Date Daytime Phone #