2002 UNIFORM BUSINESS REPORT (UBR)

926.25

FILED
02 AUG -7 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000913 AV

DOCUMENT # A98000001778

1. Entity Name

CITRUS PARK VENTURE LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
900 N. MICHIGAN AVE. . SUITE 1900 CHICAGO IL 60611	900 N. MICHIGAN AVE. . SUITE 1900 CHICAGO IL 60611

2. Principal Place of Business	3. Mailing Address
11601 WILSHIRE BLVD	C/O WESTFIELD 11601 WILSHIRE BLVD
Suite, Apt. #, etc. 12TH FLOOR - LEGAL DEPT	Suite, Apt. #, etc. 12 TH FLR - LEGAL DEPT
City & State LOS ANGELES CA	City & State LOS ANGELES CA
Zip: 90025 Country: USA	Zip: 90025 Country: USA

DUE BY MAY 1, 2002

4. FEI Number 36-3489581 ☐ Applied For ☐ Not Applicable

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 SOUTH 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.

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$47,538,773.30	47,538,773.30	

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 # _____ NAME _____ O. STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____ BK
DOCUMENT # M02000000908 NAME WEA CITRUS GP, LLC STREET ADDRESS c/o Westfield Corp. CITY-ST-ZIP 11601 Wilshire Blvd.,- 12th Flr Lega Los Angeles, CA 90025	STREET ADDRESS 300007018513--4 CITY-ST-ZIP -08/09/02--01058--006 ****837.50 ****837.50
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS 300007018513--4 CITY-ST-ZIP -08/09/02--01058--007 *****88.75 *****88.75
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____

CR2E003 (9/01)

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 LEESA ASHLEY ASSISTANT SECRETARY 6/26/02 (310) 445-2456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #