


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000003302
 1. Entity Name
 INLAND WESTERN MIAMI 19TH STREET, L.L.C.



Principal Place of Business 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523	Mailing Address 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
---	---



DO NOT WRITE IN THIS SPACE

01312005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1488135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INLAND WESTERN RETAIL REAL ESTATE TR., INC. 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000233476
 02/17/05-80042-017 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

By: Inland Western Retail Real Estate Trust, Inc., a Maryland corp., its sole member

SIGNATURE: *Valerie Medina* Valerie Medina, Asst. Secretary 2/2/05 (630) 218-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #