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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

INLAND WESTERN WESLEY CHAPEL NORTHWOODS, L.L.C.

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 02       |
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C J Benvenuto

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2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # M04000005410</b>  |   |      |  |
| 1. Entity Name<br>INLAND WESTERN WESLEY CHAPEL NORTHWOODS, LLC.   |   |   |  |
| Principal Place of Business<br>3333 NEW HYDE PARK ROAD, SUITE 100<br>NEW HYDE PARK, NY 11042  |   | Mailing Address<br>3333 NEW HYDE PARK ROAD, SUITE 100<br>NEW HYDE PARK, NY 11042      |  |
| 2. Principal Place of Business<br>2901 Butterfield Rd.<br>Suff., Apt. #, etc.   |   | 3. Mailing Address<br>Same as #2<br>Suite, Apt. #, etc.                               |  |
| City & State<br>Oak Brook, IL   |   | City & State  |  |
| Zip<br>60523  |   | Country<br>USA  |  |
| 4. FEI Number<br>20-2000519   |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   | \$6.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>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. I am familiar with, and accept the obligations of registered agent.   |   |   |  |
| SIGNATURE <i>Carrie Benvenuto</i>   |   | DATE 10/11/05   |  |
| Signature typed or printed name of registered agent and fee if applicable.  |   | (NOTES: Registered Agent placement is required when reinstating)                      |  |
| FILE NUMBER FEE IS \$150.00<br>After January 1, 2006, Fee will be \$200.00  |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |   |  |
| TITLE   | MGR   | <input checked="" type="checkbox"/> Delete  |  |
| NAME  | KIMCO TAMPA HOLDING, L.P.   |   |  |
| STREET ADDRESS  | 3309 NEW HYDE PARK ROAD, SUITE 100                                  |   |  |
| CITY-ST-ZIP   | NEW HYDE PARK, NY 11042   |   |  |
| TITLE   |   | <input type="checkbox"/> Delete   |  |
| NAME  |   |   |  |
| STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   |   |   |  |
| TITLE   |   | <input type="checkbox"/> Delete   |  |
| NAME  |   |   |  |
| STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   |   |   |  |
| TITLE   |   | <input type="checkbox"/> Delete   |  |
| NAME  |   |   |  |
| STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   |   |   |  |
| TITLE   |   | <input type="checkbox"/> Delete   |  |
| NAME  |   |   |  |
| STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   |   |   |  |
| 10. ADDITIONS/CHANGES   |   |   |  |
| TITLE   | MGR   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |  |
| NAME  | Inland Western Retail Real Estate Trust, Inc., 2901 Butterfield Rd. |   |  |
| STREET ADDRESS  | Oak Brook, IL, 60523  |   |  |
| CITY-ST-ZIP   |   |   |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |
| NAME  |   |   |  |
| STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   |   |   |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |
| NAME  |   |   |  |
| STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   |   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 600, Florida Statutes. |   |   |  |
| SIGNATURE: <i>Valerie Medina</i>  |   | By: Valerie Medina, 10/11/05 630/218-800  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   | Assistant Secretary   |  |

REINSTATEMENT

*Handwritten initials*