


**FILED**

**2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

2005 OCT 12 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M04000005410</b>			
1. Entity Name <b>INLAND WESTERN WESLEY CHAPEL NORTHWOODS, L.L.C.</b>			
Principal Place of Business 3333 NEW HYDE PARK ROAD, SUITE 100 NEW HYDE PARK, NY 11042		Mailing Address 3333 NEW HYDE PARK ROAD, SUITE 100 NEW HYDE PARK, NY 11042	
2. Principal Place of Business <b>2901 Butterfield Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>Same as #2</b> Suite, Apt. #, etc.	
City & State <b>Oak Brook, IL</b>		City & State	
Zip <b>60523</b>		Country <b>USA</b>	
4. FBI Number <b>20-2000519</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		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 Brown</i> Signature, typed or printed name of registered agent and the filer (if not filer)		Special Agent Secretary DATE <b>10/11/05</b>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KIMCO TAMPA HOLDING, L.P. 5553 NEW HYDE PARK ROAD, SUITE 100 NEW HYDE PARK, NY 11042</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Inland Western Retail Real Estate Trust, Inc., 2901 Butterfield Rd. Oak Brook, IL 60523</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 800.09 on 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 806, Florida Statutes.			
SIGNATURE: <i>Valerie Medina</i>		By: Valerie Medina, 10/11/05 630/218-800	

**REINSTATEMENT**

*Handwritten initials*

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

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

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