


FILED  
Jun 15, 2007 8:00 am  
Secretary of State

04-10-2007 90079 023 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # M05000003912</b>			
1. Entity Name INLAND WESTERN JACKSONVILLE SOUTHPOINT, L.L.C.			
Principal Place of Business 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523		Mailing Address 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03192007		Chg-LLC CR2E083 (12/06)	
4. FEI Number APPLIED FOR		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		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
MGRM INLAND WESTERN RETAIL REAL ESTATE TR., INC. 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ann M. Sharp</u> Ann M. Sharp, Asst. Secy. March 19, 2007 630-218-8000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #			

ATTACHMENT

30010860  
#M0500000.39125

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		<b>EIN</b>  20-3201841  OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested Inland Western Jacksonville Southpoint LLC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 2901 Butterfield Road			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Oak Brook IL 60523 -			5b City, state, and ZIP code		
6* County and state where principal business is located County DuPage State IL					
7a Name of principal officer, general partner, grantor, owner, or trustor InlandWesternRetailRealEstateTrust			7b SSN, ITIN, EIN 42-1579325		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ SnglMmbrLLCdivision					
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises Group Exemption NO. (GEN) ▶					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Real Estate Activity <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶					
10* Date business started or acquired (month, day, year) JUL 12 2005			11 Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) .....</i>					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0" .....</i>				Agriculture 0	Household 0
14* Check box that best describes the principal activity of your business				Health care & social assistance	Wholesale-agent/broker
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify)				Accommodation & food service	Wholesale-other
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Real Estate Activities				<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other	
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c.</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year)    City and state where filed    Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee		Designee's name		Designee's telephone number (include area code)	
Address and ZIP code				( ) - Designee's fax number (include area code) ( ) -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ Debra A Palmer Assistant Secretary				Applicant's telephone number (include area code) ( 630 ) 218 - 8000	
Signature ▶ Not Required    Date ▶ July 26, 2005 GMT				Applicant's fax number (include area code) ( 630 ) 218 - 4900	



The Inland Real Estate Group, Inc  
2901 Butterfield Road  
Oak Brook, Illinois 60523  
630-218-8000 Fax: 630-218-4900  
Law Department

ANN M. SHARP  
PARALEGAL  
PHONE: (630) 218-8000 ext. 2712  
asharp@inlandgroup.com

## ATTACHMENT

30010860 Resent 6-11-07  
#M05000003912

April 24, 2007

### VIA FIRST CLASS U.S. MAIL

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

Re: Inland Western Jacksonville Southpoint, L.L.C.  
FEIN: 20-3201841

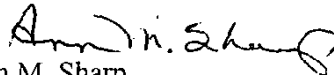
Dear Sir or Madam:

This letter is in response to your letter dated April 17, 2007 (enclosed) regarding the Federal Employer Identification Number required for filing the 2007 Limited Liability Company Annual Report for the above-referenced entity. Enclosed please find a copy of the Application for Employer Identification Number for Inland Western Jacksonville Southpoint, L.L.C.

If you have any questions, please contact me.

Sincerely,

THE INLAND REAL ESTATE GROUP, INC.

  
Ann M. Sharp  
Paralegal

Enclosures