

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90019 004 ****50.00

DOCUMENT # M02000000907

1. Entity Name
WEA BRANDON II GP, LLC



Principal Place of Business
11601 WILSHIRE BOULEVARD, 12TH FLOOR
LOS ANGELES, CA 90025

Mailing Address
C/O LEGAL DEPARTMENT
11601 WILSHIRE BLVD., 12TH FLOOR
LOS ANGELES, CA 90025

DO NOT WRITE IN THIS SPACE



03022005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

~~75-3030848~~ 75-3039850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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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

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

(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
WESTFIELD GROWTH LP
11601 WILSHIRE BLVD., 12TH FLOOR
LOS ANGELES, CA 90025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. 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 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.

SIGNATURE:

Suzanne M. Forman
Suzanne M. Forman

3/7/05

(310) 445-2426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #