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Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

WEA BRANDON II GP, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000000907

1. Limited Liability Company's Name
WEA Brandon II GP, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11601 Wilshire Blvd.	11601 Wilshire Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
11th Floor	11th Floor
City & State	City & State
Los Angeles, CA	Los Angeles, CA
Zip / Country	Zip / Country
90025 / USA	90025 / USA

4. State/Country of Formation
DE/USA

5. Date Organized or Qualified To Do Business in Florida 4/8/2002

6. FEI Number
75-3039850
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — Date: 4/3/07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Westfield America Limited Partnership	11601 Wilshire Blvd. 11th Floor	Los Angele, CA 90025
		REINSTATEMENT 04-07	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.405, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] Date: 3/28/2007 Daytime Phone #: 310-575-6047

Typed or printed name of signing Managing Member/Manager: Kyle Olson

FL/10 - 1/17/07 C T System Online