

M02000000 908

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M02000000 908					
1. Limited Liability Company's Name WEA Citrus GP, LLC					
2. Principal Office Address 11601 Wilshire Blvd. Suite, Apt. #, etc. 11th Floor City & State Los Angeles, CA Zip 90025		3. Mailing Office Address 11601 Wilshire Blvd. Suite, Apt. #, etc. 11th Floor City & State Los Angeles, CA Zip 90025		4. State/Country of Formation Delaware	
				5. Date Organized or Qualified To Do Business in Florida 4/8/2002	
				6. FEI Number 75-3039857	
				Appraised 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					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent <u>Cornie Bryan</u> Date <u>1/26/07</u> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
MGM	Westfield America Limited Partnership	11601 Wilshire Blvd. 11th Floor		Los Angeles, CA, 90025	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.405, 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 <u>Please see attached</u> Date <u>1-24-07</u> Daytime Phone # <u>310-575-6047</u> Typed or printed name of signing Managing Member/Manager _____					

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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REINSTATEMENT

1/29/07

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WEA Citrus GP, LLC a Delaware limited liability company

By: Westfield Growth LP, a Delaware limited partnership, its general partner

By: Westfield Growth II LP, a Delaware limited partnership, its general partner

By: Westfield Centers LLC, a Delaware limited liability company, its general partner

By: Westfield America Limited Partnership, a Delaware limited partnership, its sole member

By: Westfield U.S. Holdings, LLC, a Delaware limited liability company, its general partner

By: [Signature]
Name: Elizabeth Westman
Title: Senior VP and Asst. Secy

MO2000000908

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

WEA CITRUS GP, LLC

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