

Division of Corporations

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Florida Department of State
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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

LIMITED LIABILITY REINSTATEMENT**WEA COUNTRYSIDE GP, LLC**

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J. BROWN JAN 30 2006

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DIVISION OF CORPORATION

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>M02000000909</u>			
1. Limited Liability Company Name WEA COUNTRYSIDE GP, LLC			
2. Principal Office Address 11601 Wilshire Blvd. Suite, Apt. #, etc. 12th Floor City & State Los Angeles, CA Zip 90025		3. Mailing Office Address 11601 Wilshire Blvd. Suite, Apt. #, etc. 12th Floor/ Legal Dept. City & State Los Angeles, CA Zip 90025	
Country USA		Country USA	
4. State/Country of Formation Delaware			
5. Date Organized or Qualified To Do Business in Florida 04/08/2002			
6. FE Number 753039862		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐ FOR A LIMITED LIABILITY COMPANY OR LIMITED PARTNERSHIP			
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 		Date 01-27-06	
REGISTERED AGENT MUST SIGN AS SECRETARY			
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
MEM	Westfield Growth LP	11601 Wilshire Blvd, 12th Fl	Los Angeles, CA 90025
REINSTATEMENT <u>2005-06</u>			
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 606.403, 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 Please See Attached		Date Daytime Phone#	
Typed or printed name of signing Managing Member/Manager			

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CR2E041 (8/05)

Attachment
Limited Liability Company Reinstatement
(WEA Countryside GP, LLC)

Westfield Growth LP, a Delaware limited partnership

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 America, Inc., a Missouri corporation, its general partner

By:


Name: Suzanne M. Forman
Title: Assistant Secretary

Date: January 27, 2006
Phone #: (310) 443-2426

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