2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# M02000003220

Entity Name: SOUTHGATE PLAZA LLC

Current Principal Place of Business:

11601 WILSHIRE BOULEVARD
LEGAL - 12TH FLOOR
LOS ANGELES, CA 90025 US

New Principal Place of Business:

11601 WILSHIRE BOULEVARD
LEGAL - 11TH FLOOR
LOS ANGELES, CA 90025 US

Current Mailing Address:

C/O WESTFIELD CORP.-LEGAL DEPT.
11601 WILSHIRE BLVD., SUITE 1200
LOS ANGELES, CA 90025 US

New Mailing Address:

C/O WESTFIELD, LLC -LEGAL DEPT.
11601 WILSHIRE BLVD., 11TH FLOOR
LOS ANGELES, CA 90025 US

FEI Number: 75-3088504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WESTFIELD AMERICA LTD. PARTNERSHIP
Address: 11601 WILSHIRE BLVD., 12TH FLOOR
City-St-Zip: LOS ANGELES, CA 90025 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WESTFIELD AMERICA LTD. PARTNERSHIP
Address: 11601 WILSHIRE BLVD., 11TH FLOOR
City-St-Zip: LOS ANGELES, CA 90025 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WESTFIELD AMERICA LIMITED PARTNERSHIP MGRM 04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date