

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90616 016 *****50.00

DOCUMENT # M02000003220

1. Entity Name

SOUTHGATE PLAZA LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11601 WILSHIRE BLVD

Suite, Apt. #, etc.

LEGAL - 12TH FLOOR

City & State

LOS ANGELES CA

Zip

90025

Country

USA

3. Mailing Address 11601 WILSHIRE BLVD

C/O WESTFIELD CORP

Suite, Apt. #, etc.

SUITE 1200 - LEGAL DEPT

City & State

LOS ANGELES CA

Zip

90025

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-3088504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE
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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SOLE MEMBER
WESTFIELD AMERICA LIMITED PARTNERSHIP
C/O WESTFIELD 90025
11601 WILSHIRE BLVD. 12TH FLR. LA CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E083B (12/02)

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:

[Signature]

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

4/3/03

Date

(310) 575-6057

Daytime Phone #