

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000001120</b>	
1. Entity Name INLAND WESTERN JACKSONVILLE RACE TRACK ROAD, L.L.C.	

Principal Place of Business 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523	Mailing Address 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
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**DO NOT WRITE IN THIS SPACE**



03192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2420143	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM INLAND WESTERN RETAIL REAL ESTATE TR.,INC. 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
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04/18/07-80067-009 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

By: Inland Western Retail Real Estate Trust, Inc., a Maryland corp., its sole member  
**SIGNATURE:** *Ann M. Sharp* Ann M. Sharp, Asst. Sec., March 19, 2007 630-218-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #