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Secretary of State

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003912

1. Entity Name
INLAND WESTERN JACKSONVILLE SOUTHPOINT, L.L.C.

30010860

Principal Place of Business	Mailing Address
2901 BUTTERFIELD ROAD OAK BROOK, IL 60523	2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete INLAND WESTERN RETAIL REAL ESTATE TR.,INC. 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Ann M. Sharp, Asst. Secr. March 19, 2007 630-218-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

30010860

#M0500000.3912

Form **SS-4** (Rev. December 2001) Department of the Treasury Internal Revenue Service	**Application for Employer Identification Number** (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-3201841 OMB No. 1545-0003

1* Legal name of entity (or individual) for whom the EIN is being requested
Inland Western Jacksonville Southpoint LLC

2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 2901 Butterfield Road	5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code Oak Brook IL 60523 -	5b City, state, and ZIP code -

6* County and state where principal business is located
County DuPage State IL

7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, EIN
InlandWesternRetailRealEstateTrust	42-1579325

8a* Type of entity (check only one)

- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☑ Other (specify) ▶ SnglMmbrLLCdivision
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption N0. (GEN) ▶
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country

9* Reason for applying (check only one)

- ☑ Started new business (specify type) ▶ Real Estate Activity
- ☐ Hired employees (Check the box and see line 12)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10* Date business started or acquired (month, day, year)	11 Closing month of accounting year
JUL 12 2005	DEC

12 First date wages or annuities were paid or will be paid (month, day, year) *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next twelve months **Note:** *If the applicant does not expect to have any employees during the period, enter "-0-"* ▶	Agriculture	Household	Other
	0	0	0

14* Check box that best describes the principal activity of your business

- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☑ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Retail
- ☐ Other (specify)

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Real Estate Activities

16a* Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note *If "Yes" please complete lines 16b and 16c*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶
Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year)	City and state where filed	Previous EIN
		-

Third Party Designee	Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form	
	Designee's name	Designee's telephone number (include area code) ( ) -
	Address and ZIP code -	Designee's fax number (include area code) ( ) -

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Applicant's telephone number (include area code)
Name and title (type or print clearly) ▶ Debra A Palmer Assistant Secretary	(630) 218 - 8000
Signature ▶ **Not Required** Date ▶ July 26, 2005 GMT	Applicant's fax number (include area code) (630) 218 - 4900

ATTACHMENT

The Inland Real Estate Group, Inc
2901 Butterfield Road
Oak Brook, Illinois 60523
630-218-8000 Fax: 630-218-4900
Law Department

ANN M. SHARP
PARALEGAL
PHONE: (630) 218-8000 ext. 2712
asharp@inlandgroup.com

30010860 Resent 6-11-07
#M05000003912

April 24, 2007

VIA FIRST CLASS U.S. MAIL

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Re: Inland Western Jacksonville Southpoint, L.L.C.
FEIN: 20-3201841

Dear Sir or Madam:

This letter is in response to your letter dated April 17, 2007 (enclosed) regarding the Federal Employer Identification Number required for filing the 2007 Limited Liability Company Annual Report for the above-referenced entity. Enclosed please find a copy of the Application for Employer Identification Number for Inland Western Jacksonville Southpoint, L.L.C.

If you have any questions, please contact me.

Sincerely,

THE INLAND REAL ESTATE GROUP, INC.

Ann M. Sharp
Paralegal

Enclosures

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