

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005894

FILED
Jan 14, 2009
Secretary of State

Entity Name: WESTFIELD CONCESSION MANAGEMENT, LLC

Current Principal Place of Business:

C/O WESTFIELD, LLC
11601 WILSHIRE BLVD
LOS ANGELES, CA 90025 US

New Principal Place of Business:

Current Mailing Address:

C/O WESTFIELD, LLC
11601 WILSHIRE BLVD
LOS ANGELES, CA 90025 US

New Mailing Address:

FEI Number: 75-3039857

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, LLC,
Address: 11601 WILSHIRE BLVD., 11TH FLOOR
City-St-Zip: LOS ANGELES, CA 90025 US

Title: MGR () Delete
Name: LOWY, PETER
Address: 11601 WILSHIRE BLVD., 11TH FLOOR
City-St-Zip: LOS ANGELES, CA 90025

Title: MGR () Delete
Name: STEFANEK, MARK
Address: 11601 WILSHIRE BLVD., 11TH FLOOR
City-St-Zip: LOS ANGELES, CA 90025

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK STEFANEK

MGR

01/14/2009

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