


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90375 002 \*\*\*\*50.00

**DOCUMENT # M06000006793**

1. Entity Name  
**KIMCO WESTGATE PLAZA, LLC**



Principal Place of Business      Mailing Address  
**3333 NEW HYDE PARK ROAD**      **3333 NEW HYDE PARK ROAD**  
**NEW HYDE PARK, NY 11042**      **NEW HYDE PARK, NY 11042**

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



02132007    Chg-LLC    CR2E083 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number      Applied For  
**20-8013677**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)      DATE \_\_\_\_\_

**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	<b>MGR</b> <b>KIMCO WESTGATE PLAZA 1554, INC.</b> <b>3333 NEW HYDE PARK ROAD</b> <b>NEW HYDE PARK, NY 11042</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

**SIGNATURE:** *[Signature]*      *4/6/07*      *516 869 9000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

*By: Kimco Westgate Plaza 1554 LLC*