

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006793

FILED
Apr 23, 2008
Secretary of State

Entity Name: KIMCO WESTGATE PLAZA, LLC

Current Principal Place of Business:

3333 NEW HYDE PARK ROAD
NEW HYDE PARK, NY 11042

New Principal Place of Business:

3333 NEW HYDE PARK ROAD
SUITE 100
NEW HYDE PARK, NY 11042

Current Mailing Address:

3333 NEW HYDE PARK ROAD
NEW HYDE PARK, NY 11042

New Mailing Address:

3333 NEW HYDE PARK ROAD
SUITE 100
NEW HYDE PARK, NY 11042

FEI Number: 20-8013677

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: MGR () Delete
Name: KIMCO WESTGATE PLAZA, 1554, INC.
Address: 3333 NEW HYDE PARK ROAD
City-St-Zip: NEW HYDE PARK, NY 11042

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KIMCO WESTGATE PLAZA, 1554, INC.
Address: 3333 NEW HYDE PARK ROAD SUITE 100
City-St-Zip: NEW HYDE PARK, NY 11042

Title: MGRM () Change (X) Addition
Name: OUTSIDE PARTNER,
Address: 3333 NEW HYDE PARK ROAD SUITE 100
City-St-Zip: NEW HYDE PARK, NY 11042

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: CRYSTAL FICKEN

POA

04/23/2008

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