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Account Name

CT CORPORATION SYSTEM COSO 100 Account Number : FCA000000023

Phone

: (850)222-1092

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Westfield Consession Management II LLC

Certificate of Status	0
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W07-58451

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CT CORP PAGE 01/06

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12/3/2007 7:47 PAGE 001/001 Florida Dept of State



December 3, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: WESTFIELD CONCESSION MANAGEMENT II LLC

REF: W07000058459

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II FAX Aud. #: H07000289598 Letter Number: 707A00068143

P.O BOX 6327 - Tallahussee, Florida 32314



Westfield, LLC 11601 Withire Boulevard 11<sup>th</sup> Floor Los Angeles, CA 90025-1748 Telephone: (310) 575-6057 Pacsimile: (319) 478-8776

November 29th, 2007

Florids Department of State Division of Corporations Clifton Building 2611 Executive Center Circle Tallahassee, Florida 32301

Re: Westfield Concession Management II LLC

To Whom It May Concern:

Westfield Concession Management LLC hereby gives its consent to allow Westfield LLC to register a new entity under the name Westfield Concession Management II LLC.

Yours truly,

Westfield Concession Management LLC

Name: Kyle J. Olson Title: Assistant Secretary

Enclosures

12/05/2007 13:37 8502227615

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION GOLSIA, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A POREKEN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Westfield Concession Management II LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.") (If name unavailable, onter alternate name adopted for the purpose of transacting dualness in Florida and stock a gopy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC." 2.\_\_Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 6/29/2006 Perpotual (Duration: Year limited liability company will cesse to exist or "perpetual") (Date of Organization) (Date first transacted business in Florids, if prior to registration.)
(See sections 608.501 & 608.502 P.S. to determine penalty liability) 11601 Wilshire Blvd., 11th Floor Los Angeles, CA 90025-1747 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: Peter S. Lowy, manager 11601 Wilshire Blvd, 11th Fl. Los Angeles CA 90025 Mark A. Stephanek, manager, 11601 Wilshire Blvd., 11th Fl. Los Angeles CA 90025 10. Attached is an original cartificate of existence, no more than 90 days old, duly authoritizated by the official having custody of seconds in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fineign language, a translation of the certificate under ceth of the translator must be submissed.) 11. Nature of business or purposes to be conducted or promoted in Florida: Manage Remil Shapping Space Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the expension of this document constitutes on affirmation under the possibles of perjury that the facts stated hardin are true.) Kyle J. Olson / Assistant Socretary Typed or printed name of signee PURE - DEFENDED OF DANKEN CO

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the	no Limited Liability Com	pany is:				
	Westfield Concessi	on Managemen	t II LIC			
If name unavailab	ole, the alternate name to l	be used in the atat	e of Florida is:			
2. The name and	the Florida street address	of the registered	agent and office are:			
	c ·	Corporation System	1			
-		(Name)				
	1200 South Pine Island Road					
_	Florida Street Address (P.O. Hox MOT ACCEPTABLE)					
	Physician	: 打.	33324			
		City/State/Zip				
itability company a agent and ogree to relating to the prop obligations of my p	d as registered agent and to the place designated in the act in this capacity. I further are and complete performa astion as registered agent T Corporation System	his certificate, I he her ogree to comp mos of my duties, ( as provided for t	reby accept the appoli ly with the provisions and I am familiar with	itment as registered of all statutes and accept the		
By:	(Signature)	Tek .	m.t. fitzpatrick Assistant secretary			
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Cartified Copy	Registered Agent			

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## The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "WESTFIELD CONCESSION MANAGEMENT II LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 30 AN 7: 40

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You may varify this certificate online at corp. dalaware.gov/authvar.shtml Varnet Smith Hindran

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6197458

DATE: 11-29-07

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