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LIMITED LIABILITY REINSTATEMENT

WESTFIELD CONCESSION MANAGEMENT II LLC

Certificate of Status	0
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2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M07000007075

1. Entity Name
WESTFIELD CONCESSION MANAGEMENT II LLC

REINSTATEMENT 2008

[redacted]

12012008 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
11601 WILSHIRE BLVD., 11TH FLOOR LOS ANGELES, CA 90025-1747	11601 WILSHIRE BLVD., 11TH FLOOR LOS ANGELES, CA 90025-1747
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

4. FEI Number 95-4428920 ☐ 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 Connie Bryan CONNIE BRYAN 12/03/2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75 After January 1, 2009, Fee will be $277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME LOWY, PETER S STREET ADDRESS 11601 WILSHIRE BLVD., 11TH FLOOR CITY-ST-ZIP LOS ANGELES, CA 900251747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGR NAME STEPHANEK, MARK A STREET ADDRESS 11601 WILSHIRE BLVD., 11TH FLOOR CITY-ST-ZIP LOS ANGELES, CA 900251747	☑ Delete	TITLE MGR NAME STEFANEK, MARK A STREET ADDRESS 11601 WILSHIRE BLVD., 11th FL. CITY-ST-ZIP LOS ANGELES, CA 90025-1747	☒ 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
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

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] 12/1/2008 (310)445-2426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #