



**State of California  
Bill Jones  
Secretary of State**

**LIMITED LIABILITY COMPANY – STATEMENT OF INFORMATION**

**Filing Fee: Please see information section**

**IMPORTANT – Read Instructions Before Completing This Form**

**FILED**  
In the Office of the Secretary of State  
of the State of California

FEB 26 2001

*Bill Jones*  
**BILL JONES, Secretary of State**

1. LIMITED LIABILITY COMPANY NAME

MAGELLAN REAL ESTATE INVESTMENTS, LLC  
2777 E. CAMELBACK ROAD, SUITE 150  
PHOENIX, AZ 85016

This Space For Filing Use Only

2. SECRETARY OF STATE FILE NUMBER

199828710027

3. JURISDICTION OF FORMATION

Delaware

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

2777 E. Camelback Road, Suite 150

CITY AND STATE

Phoenix, AZ

ZIP CODE

85016

5. STREET ADDRESS IN CALIFORNIA OF OFFICE WHERE RECORDS ARE MAINTAINED (FOR DOMESTIC ONLY) CITY

N/A

CA

ZIP CODE

6. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS:

AN INDIVIDUAL RESIDING IN CALIFORNIA

A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO SECTION 1505 OF THE CALIFORNIA CORPORATIONS CODE.

AGENTS NAME:

Paracorp Incorporated

7. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

CA

ZIP CODE

8. DESCRIBE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY.

Real Estate Investment

**LIST THE NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER AND CHIEF EXECUTIVE OFFICER (CEO), IF ANY. (CHECK THE APPROPRIATE DESIGNATION). ATTACH ADDITIONAL PAGES IF NECESSARY.**

9. NAME

Westmont Investments, LLC

MANAGER

ADDRESS 2777 E. Camelback Road, Suite 150

MEMBER

CITY Phoenix

STATE AZ

ZIP 85016

CEO, IF ANY

10. NAME

Kingson Capital Co., LLC

MANAGER

ADDRESS 2777 E. Camelback Road, Suite 150

MEMBER

CITY Phoenix

STATE AZ

ZIP 85016

CEO, IF ANY

11. NUMBER OF PAGES ATTACHED, IF ANY.

1

12. I DECLARE THAT THIS STATEMENT IS TRUE, CORRECT, AND COMPLETE

*Leslie S. Litwin*

01-22-01

SIGNATURE OF INDIVIDUAL AUTHORIZED TO SIGN

DATE

Leslie S. Litwin, Member Westmont Investments, LLC

TYPE OR PRINT NAME AND TITLE OF PERSON SIGNING

DUE DATE: