# SECURITIES AND EXCHANGE COMMISSION

# **FORM D**

Official notice of an offering of securities that is made without registration under the Securities Act in reliance on an exemption provided by Regulation D and Section 4(6) under the Act.

Filing Date: **2013-01-15 SEC Accession No.** 0001566806-13-000001

(HTML Version on secdatabase.com)

# **FILER**

#### **Queens Center REIT LLC**

CIK:1566806| IRS No.: 000000000 | State of Incorp.:DE | Fiscal Year End: 1231 Type: D | Act: 33 | File No.: 021-190323 | Film No.: 13530841

Mailing Address SUITE 700

**Business Address** 401 WILSHIRE BOULEVARD 401 WILSHIRE BOULEVARD SUITE 700 SANTA MONICA CA 90401 SANTA MONICA CA 90401 310-394-6000

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549 **FORM D** 

# **Notice of Exempt Offering of Securities**

OMB APPROVAL

OMB Number: 3235-0076

Expires: June 30, 2012

Estimated average burden hours per 4.00

response:

| 1. Issuer's Identity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                 |                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------|-------------------------------|--|
| CIK (Filer ID Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Previous Name                | e(s) 🗷 None     | Entity Type                   |  |
| 0001566806                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                 | □Corporation                  |  |
| Name of Issuer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                 | □ Limited Partnership         |  |
| Queens Center REIT LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                 | ☑ Limited Liability Company   |  |
| Jurisdiction of Incorporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1/                           |                 | ☐ General Partnership         |  |
| Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                 | ☐ Business Trust              |  |
| DELAWARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | .:                           |                 | □ Other                       |  |
| Year of Incorporation/Organ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | lization                     |                 | □Otnei                        |  |
| ☐ Over Five Years Ago                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                 |                               |  |
| Within Last Five Years (Section 1)     Within Last Five Years (Section 2)     Within Last Five Years (Section 3)     Within La | Specify Year) 2012           |                 |                               |  |
| ☐ Yet to Be Formed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                 |                               |  |
| 2. Principal Place of Busin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ness and Contact Informati   | ion             |                               |  |
| Name of Issuer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                 |                               |  |
| Queens Center REIT LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                 |                               |  |
| Street Address 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | Street A        | Address 2                     |  |
| 401 WILSHIRE BOULEVA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RD                           | SUITE           | E 700                         |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State/Province/Country       | ZIP/Pos         | stal Code Phone No. of Issuer |  |
| SANTA MONICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CALIFORNIA                   | 90401           | 310-394-6000                  |  |
| 3. Related Persons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                 |                               |  |
| Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | First Na                     | ame             | Middle Name                   |  |
| Leanse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Thomas                       | S               | J.                            |  |
| Street Address 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Street A                     | Address 2       |                               |  |
| 401 Wilshire Boulevard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Suite 7                      | 700             |                               |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State/Pr                     | rovince/Country | ZIP/Postal Code               |  |
| Santa Monica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CALIFO                       | ORNIA           | 90401                         |  |
| Relationship:  Executive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Officer 🗷 Director 🗆 Promote | er              |                               |  |
| Clarification of Response (in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | f Necessary)                 |                 |                               |  |
| Board of Managers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                 |                               |  |
| Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | First Na                     | ame             | Middle Name                   |  |
| Coppola                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Edward                       | t               | C.                            |  |
| Street Address 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | Address 2       |                               |  |
| 401 Wilshire Boulevard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Suite 7                      |                 |                               |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State/Pr                     | rovince/Country | ZIP/Postal Code               |  |

Santa Monica CALIFORNIA 90401

Relationship: 

Executive Officer 

Director 

Promoter

Clarification of Response (if Necessary)

**Board of Managers** 

Last Name First Name Middle Name

O'Hern Thomas E.

Street Address 1 Street Address 2

401 Wilshire Boulevard Suite 700

City State/Province/Country ZIP/Postal Code

Santa Monica CALIFORNIA 90401

Relationship: 

Executive Officer 

Director 

Promoter

Clarification of Response (if Necessary)

**Board of Managers** 

Last Name First Name Middle Name

Carlisle Alan

Street Address 1 Street Address 2

11601 Wilshire Boulevard Suite 500

City State/Province/Country ZIP/Postal Code

Los Angeles CALIFORNIA 90025

Relationship: ☐ Executive Officer ☑ Director ☐ Promoter

Clarification of Response (if Necessary)

**Board of Managers** 

Last Name First Name Middle Name

Goin Russell

Street Address 1 Street Address 2

The Cadillac Fairview Corp Limited 20 Queen Street West, 5th Floor

City State/Province/Country ZIP/Postal Code

Toronto ONTARIO, CANADA M5H 3R4

Relationship: ☐ Executive Officer ☑ Director ☐ Promoter

Clarification of Response (if Necessary)

**Board of Managers** 

Last Name First Name Middle Name

Coppola Arthur M.

Street Address 1 Street Address 2

401 Wilshire Boulevard Suite 700

City State/Province/Country ZIP/Postal Code

Santa Monica CALIFORNIA 90401

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Brant Randy L.

Street Address 1 Street Address 2

401 Wilshire Boulevard Suite 700

City State/Province/Country ZIP/Postal Code

Santa Monica CALIFORNIA 90401

Relationship: ☑ Executive Officer ☐ Director ☐ Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Anderson Dana K.

Street Address 1 Street Address 2

401 Wilshire Boulevard Suite 700

City State/Province/Country ZIP/Postal Code

Santa Monica CALIFORNIA 90401

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Perlmutter Robert D.

Street Address 1 Street Address 2

401 Wilshire Boulevard Suite 700

City State/Province/Country ZIP/Postal Code

Santa Monica CALIFORNIA 90401

Relationship: ☑ Executive Officer ☐ Director ☐ Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Salo Eric V.

Street Address 1 Street Address 2

401 Wilshire Boulevard Suite 700

City State/Province/Country ZIP/Postal Code

Santa Monica CALIFORNIA 90401

Relationship: ★ Executive Officer □ Director □ Promoter

Clarification of Response (if Necessary)

#### 4. Industry Group

|               | Rule 504 (b)(1)(i)                                           | ☑Rule 506                                     |
|---------------|--------------------------------------------------------------|-----------------------------------------------|
|               |                                                              |                                               |
|               | dederal Exemption(s) and Exc                                 | lusion(s) Claimed (select all that apply)     |
|               | Not Applicable                                               | □ Not Applicable                              |
| <b>X</b>      | Decline to Disclose                                          | ☐ Decline to Disclose                         |
|               | Over \$100,000,000                                           | Over \$100,000,000                            |
|               | \$25,000,001 - \$100,000,000                                 | \$50,000,001 - \$100,000,000                  |
|               |                                                              |                                               |
|               | \$5,000,001 - \$25,000,000                                   | □ \$25,000,001 - \$50,000,000                 |
|               | \$1,000,001 - \$5,000,000                                    | □ \$5,000,001 - \$25,000,000                  |
| _             | \$1 - \$1,000,000                                            | □ \$1 - \$5,000,000                           |
|               | No Revenues                                                  | □ No Aggregate Net Asset Value                |
|               | venue Range                                                  | Aggregate Net Asset Value Range               |
| 5. Is         | ssuer Size                                                   |                                               |
|               | <ul><li>□ Oil &amp; Gas</li><li>□ Other Energy</li></ul>     |                                               |
|               | ☐ Environmental Services                                     |                                               |
|               | ☐ Energy Conservation                                        |                                               |
|               | ☐ Electric Utilities                                         | ☐ Other Real Estate ☐ Other                   |
|               | ☐ Coal Mining                                                | ☐ Residential ☐ Other Travel                  |
| _             | Energy                                                       | ☑ REITS & Finance ☐ Tourism & Travel Services |
|               | Business Services                                            | ☐ Construction ☐ Lodging & Conventions        |
|               | <ul><li>Other Banking &amp; Financial<br/>Services</li></ul> | ☐ Commercial ☐ Airlines & Airports            |
|               | Char Donking & Financial                                     | Real Estate Travel                            |
|               | □ Pooled Investment Fund                                     | ☐ Manufacturing ☐ Other Technology            |
|               | ☐ Investment Banking                                         | ☐ Telecommunications ☐ Other Health Care      |
|               | ☐ Investing                                                  | ☐ Pharmaceuticals                             |
|               | ☐ Insurance                                                  | ☐ Hospitals & Physicians                      |
|               | Banking & Financial Service  ☐ Commercial Banking            | Uselth Insurance                              |
| ☐ Agriculture |                                                              | Health Care  ☐ Retailing                      |
|               |                                                              |                                               |

| ☐ Amendment                                                                                 |                                      |                              |                          |  |  |
|---------------------------------------------------------------------------------------------|--------------------------------------|------------------------------|--------------------------|--|--|
| 8. Duration of Offering                                                                     |                                      |                              |                          |  |  |
| Does the Issuer intend this offering to last                                                | more than one year? ☐ Yes ☑          | ☑ No                         |                          |  |  |
| 9. Type(s) of Securities Offered (select                                                    | all that annly)                      |                              |                          |  |  |
| Pooled Investment Fund Interests                                                            | an mat apply)                        | ☑ Equity                     |                          |  |  |
| ☐ Tenant-in-Common Securities                                                               |                                      | ☐ Debt                       |                          |  |  |
| _                                                                                           |                                      | _ Option, Warrant or Othe    | r Right to Acquire       |  |  |
| ☐ Mineral Property Securities                                                               |                                      | Another Security             |                          |  |  |
| Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security |                                      | ☐ Other (describe)           |                          |  |  |
| 10. Business Combination Transaction                                                        | l                                    |                              |                          |  |  |
| Is this offering being made in connection acquisition or exchange offer?                    | with a business combination tr       | ansaction, such as a merger, | □ Yes 🗷 No               |  |  |
| Clarification of Response (if Necessary)                                                    |                                      |                              |                          |  |  |
| 11. Minimum Investment                                                                      |                                      |                              |                          |  |  |
| Minimum investment accepted from any c                                                      | outside investor \$ 1,000 USD        |                              |                          |  |  |
| william investment desepted from dry c                                                      | rational investor \$\psi\$ 1,000 CCD |                              |                          |  |  |
| 12. Sales Compensation                                                                      |                                      |                              |                          |  |  |
| Recipient                                                                                   | Recipient CRD Number   N             | None                         |                          |  |  |
| Charles Harrison                                                                            | 3071551                              |                              |                          |  |  |
| (Associated) Broker or Dealer □ None                                                        | (Associated) Broker or Dea           | ller CRD Number ☐ None       |                          |  |  |
| H & L Equities, LLC                                                                         | 113794                               |                              |                          |  |  |
| Street Address 1                                                                            | Street Address 2                     |                              |                          |  |  |
| 1175 Peachtree St., NE                                                                      | 100 Colony Square Suite 2            | 120                          |                          |  |  |
| City<br>Atlanta                                                                             | State/Province/Country GEORGIA       |                              | ZIP/Postal Code<br>30361 |  |  |
| State(s) of Solicitation □ All States                                                       | ☐ Foreign/Non-US                     |                              | 00001                    |  |  |
| FLORIDA<br>GEORGIA<br>TEXAS                                                                 |                                      |                              |                          |  |  |
| Recipient                                                                                   | Recipient CRD Number ☐ N             | None                         |                          |  |  |
| Phyllis Beck                                                                                | 1020488                              |                              |                          |  |  |
| (Associated) Broker or Dealer ☐ None                                                        | (Associated) Broker or Dea           | ller CRD Number   None       |                          |  |  |
| H & L Equities, LLC                                                                         | 113794                               |                              |                          |  |  |
| Street Address 1                                                                            | Street Address 2                     |                              |                          |  |  |
| 1175 Peachtree St., NE                                                                      | 100 Colony Square, Suite 2           | 2120                         |                          |  |  |
| City                                                                                        | State/Province/Country               |                              | ZIP/Postal Code          |  |  |

30361

**GEORGIA** 

**Atlanta** 

| State(s) of Solicitation   All States         | □ Foreign/Non-US                                |                 |  |
|-----------------------------------------------|-------------------------------------------------|-----------------|--|
| GEORGIA<br>TEXAS                              |                                                 |                 |  |
| Recipient                                     | Recipient CRD Number  □ None                    |                 |  |
| Patrick Whelchel                              | 5389090                                         |                 |  |
| (Associated) Broker or Dealer ☐ None          | (Associated) Broker or Dealer CRD Number ☐ None |                 |  |
| H & L Equities, LLC                           | 113794                                          |                 |  |
| Street Address 1                              | Street Address 2                                |                 |  |
| 1175 Peachtree St., NE                        | 100 Colony Square, Suite 2120                   |                 |  |
| City                                          | State/Province/Country                          | ZIP/Postal Code |  |
| Atlanta State(s) of Solicitation □ All States | GEORGIA  □ Foreign/Non-US                       | 30361           |  |
| State(s) of Solicitation All States           | □1 oreign/Nori-03                               |                 |  |
| GEORGIA                                       |                                                 |                 |  |
| Recipient                                     | Recipient CRD Number   None                     |                 |  |
| Scott Harrison                                | 4981070                                         |                 |  |
| (Associated) Broker or Dealer □ None          | (Associated) Broker or Dealer CRD Number ☐ None |                 |  |
| H & L Equities, LLC                           | 113794                                          |                 |  |
| Street Address 1                              | Street Address 2                                |                 |  |
| 1175 Peachtree St., NE                        | 100 Colony Square, Suite 2120                   |                 |  |
| City                                          | State/Province/Country                          | ZIP/Postal Code |  |
| Atlanta State(s) of Solicitation   All States | GEORGIA 30361  □ Foreign/Non-US                 |                 |  |
| State(3) of Solicitation All States           | _1 dieigii/Noil-00                              |                 |  |
| GEORGIA                                       |                                                 |                 |  |
| Recipient                                     | Recipient CRD Number   None                     |                 |  |
| Lori Mayfield                                 | 4899271                                         |                 |  |
| (Associated) Broker or Dealer □ None          | (Associated) Broker or Dealer CRD Number ☐ None |                 |  |
| H & L Equities, LLC                           | 113794                                          |                 |  |
| Street Address 1                              | Street Address 2                                |                 |  |
| 1175 Peachtree St., NE                        | 100 Colony Square, Suite 2120                   |                 |  |
| City<br>Atlanta                               | State/Province/Country GEORGIA                  | ZIP/Postal Code |  |
| State(s) of Solicitation   All States         | GEORGIA 30361  □ Foreign/Non-US                 |                 |  |
| Ciato(o) of Conociation Livin Ciatos          | o.o.granon oo                                   |                 |  |
| GEORGIA                                       |                                                 |                 |  |
|                                               |                                                 |                 |  |

13. Offering and Sales Amounts

|                   | iffering Amount \$ 125,000 USD or ☐ Indefinite mount Sold \$ 103,000 USD                                                                                                                                                                                                                              |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | emaining to be Sold\$ 22,000 USD or ☐ Indefinite                                                                                                                                                                                                                                                      |
| Clari             | ation of Response (if Necessary)                                                                                                                                                                                                                                                                      |
| 14. lı            | restors                                                                                                                                                                                                                                                                                               |
|                   |                                                                                                                                                                                                                                                                                                       |
|                   | Select if securities in the offering have been or may be sold to persons who do not qualify as accredited nvestors,                                                                                                                                                                                   |
|                   | lumber of such non-accredited investors who already have invested in the offering                                                                                                                                                                                                                     |
|                   | Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:                                                                                       |
| 15. S             | les Commissions & Finders' Fees Expenses                                                                                                                                                                                                                                                              |
|                   | e separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure known, provide an estimate and check the box next to the amount.                                                                                                                    |
| Sales             | Commissions \$ 6,250 USD ☑ Estimate                                                                                                                                                                                                                                                                   |
| Finde             | s' Fees \$ 0 USD                                                                                                                                                                                                                                                                                      |
| Clari             | cation of Response (if Necessary)                                                                                                                                                                                                                                                                     |
|                   |                                                                                                                                                                                                                                                                                                       |
|                   |                                                                                                                                                                                                                                                                                                       |
| 16. L             | e of Proceeds                                                                                                                                                                                                                                                                                         |
| the p             | e the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of rsons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount nown, provide an estimate and check the box next to the amount. |
| \$ <mark>0</mark> | SD                                                                                                                                                                                                                                                                                                    |
| Clari             | ation of Response (if Necessary)                                                                                                                                                                                                                                                                      |
| Sign              | ure and Submission                                                                                                                                                                                                                                                                                    |
|                   | se verify the information you have entered and review the Terms of Submission below before signing and ng SUBMIT below to file this notice.                                                                                                                                                           |

In submitting this notice, each Issuer named above is:

**Terms of Submission** 

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act

- of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that the Issuer is not disqualified from relying on any Regulation D exemption it has identified in Item 6 above for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

| Issuer                 | Signature        | Name of Signer   | Title                 | Date       |
|------------------------|------------------|------------------|-----------------------|------------|
| Queens Center REIT LLC | Thomas J. Leanse | Thomas J. Leanse | Senior Vice President | 2013-01-15 |

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

<sup>\*</sup> This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.