2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 26, 2004 08:00 AM Secretary of State

DOCUMENT # B0000000257 1. Entity Name SAWGRASS MILLS PHASE IV LIMITED PARTNERSHIP					Secretary of State	
Principal Place 1300 WILSON ARLINGTON,	N BLVD., SUITE 400	Mailing Address 1300 WILSON BLVD. ARLINGTON, VA 222		08	-	
2. Principal P	lace of Business	3. Mailing Address	,			
Suite, Apt #, etc.		Suite, Apt # etc		04052004 Chg-LP	CR2E003 (10/03)	
City & State		City & State		4. FEI Number 54-2009121	Applied For Not Applicable	
Zip	Country	Zip	Coun	stry	5. Certificate of Status Desired	S8.75 Additional Fee Regulred
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address of New R	egistered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					PO Box Number is Not Acceptable))
PLANIAII	ON, PE 33324			City		Zip Code
	named entity submits this statement ions of registered agent.	or the purpose of changing	its register	ed office or register	red agent, or both, in the State of Fic	orida. I am familiar with, and accept
SIGNATURE	Stanature typed or printed name of registered ago	et and tha if antificable	· · · · · · · · · · · · · · · · · · ·			DATE
9. Capital Co as Shown	ntributions made ac	10. Amount of Ca		butions		
as Grown	A GENERAL PARTNER	THAT IS A BUSINESS	ENTITY M		TERED AND ACTIVE WITH TH	
12.	NOTE: General Partners M GENERAL PARTN		the form	n; an amendme	nt must be filed to change a go ADDRESS CHA	
DOCUMENT # M00000001707 SAWGRASS MILLS PHASE IV, L.L.C.				EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	1300 WILSON BLVD., SUITE 4 ARLINGTON, VA 22209		CITY	7-ST-20P		
BOCUMENT # HAME STREET ADDRESS				EET ADDRESS	U00000 	1145335 80020- 010-526.25
CITY-ST-ZIP DOCUMENT #				(-S7-7/P		
name Street address				FET ADDRESS		
DOCUMENT A				EET AODRESS		
Mame Street Address City-St-Zip			CITY	(-ST-ZIP		
DOCUMENT #			SIS	EET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			GITY	4:S1-ZIP		
DOCUMENT # NAME		,	STR	EET ADDRESS		
STREET ADDRESS City-St-ZIP				f-\$1-21P		
Indicated	certify that the information supplied will on this report is true and accurate ar ver or trustee empowered to execute to	id that my signature shall ha	ive the sam	ie legal effect as if (ection 119.07(3)(i), Florida Statutés. made under oath; that I am a Genera	I further certify that the information at Partner of the limited partnership
	upe a l	9-11			4:31.54	(703) 526-5
SIGNAT	UHE:	OR PRINTED NAME OF SIGNING GE			Dale	Day(inte Phone #