

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

98 NOV -9 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # <b>B97000000413</b>
<b>MILLS-KAN AM SAWGRASS PHASE 3 LIMITED PARTNERSHIP</b>	

Mailing Address 1300 WILSON BLVD., SUITE 400 ARLINGTON VA 22209	Principal Office Address 1300 WILSON BLVD., SUITE 400 ARLINGTON VA 22209
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 08/12/1997	5a. Capital Contributions as Shown on record. \$15,000,490.00
3a. Date of Last Report 10/14/1997	5b. Amount of Capital Contributions in FLORIDA to date: (SAME)
4. State or Country of Formation DE	
6. FEI Number 54-1808497	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>
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10. If changed, new Registered Agent/Office	
Name	
Street Address (P.O. Box Number Is Not Acceptable)	
Suite, Apt. #, etc.	
City	
FL	Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
THE MILLS LIMITED PARTNERSHIP	1300 WILSON BLVD., SUITE 400	ARLINGTON VA 22209	B96000000289
KAN AM USA XIII LIMITED PARTNERSHIP	3495 PIEDMONT ROAD, SUITE 520	ATLANTA GA 30305	B97000000412

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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Thomas E. Frost* 11-2-98  
 THOMAS E. FROST, SENIOR VICE PRESIDENT OF THE MILLS CORPORATION, THE GENERAL PARTNER OF THE MILLS LIMITED PARTNERSHIP, THE GENERAL PARTNER OF MILLS-KAN AM SAWGRASS PHASE 3 LIMITED PARTNERSHIP  
 Typed or Printed Name of General Partner \_\_\_\_\_ Daytime Telephone Number (703) 526-5000

CR2E003 (8/98)