2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000413?

1. Entity Name

MILLS-KAN AM SAWGRASS PHASE 3 LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1300 WILSON BLVD. #400 ARLINGTON, VA 22209	(SAME)

2. Principal Place of Business		3. Mailing Address	
(SAME)		(SAME)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 54-1808497 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FLORIDA 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	$15,000,490.00	10. Amount of Capital Contributions in FLORIDA to date.	$15,000,490.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B96000000289	STREET ADDRESS	
NAME	THE MILLS LIMITED PARTNERSHIP		
STREET ADDRESS	1300 WILSON BLVD. #400	CITY-ST-ZIP	
CITY-ST-ZIP	ARLINGTON, VA 22209		
DOCUMENT #	B97000000412	STREET ADDRESS	
NAME	KAN AM USA XIII LIMITED PARTNERSHIP		
STREET ADDRESS	3495 PIEDMONT RD #520	CITY-ST-ZIP	600003250246--4 -05/12/00--01037--006 ****526.25 ****526.25
CITY-ST-ZIP	ATLANTA, GA 30305		
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CR2E003 (9/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] 4.20.00 (703)526-5000

THOMAS E. FROST, VP, THE MILLS CORPORATION, THE GP OF THE MILLS LP, THE GP OF MILLS-KAN AM SAWGRASS PHASE 3 LIMITED PARTNERSHIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #