2001 UNIFORM BUSINESS REPORT (UBR)

000789 AF

DOCUMENT # B97000000413

1. Entity Name

MILLS-KAN AM SAWGRASS PHASE 3 LIMITED PARTNERSHIP

FILED
01 APR -4 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1300 WILSON BLVD.. SUITE 400 ARLINGTON VA 22209	1300 WILSON BLVD.. SUITE 400 ARLINGTON VA 22209

DO NOT WRITE IN THIS SPACE

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	CITY-ST-ZIP	
STREET ADDRESS	1300 WILSON BLVD., SUITE 400		
CITY-ST-ZIP	ARLINGTON VA 22209		
DOCUMENT #	B97000000412	STREET ADDRESS	
NAME	KAN AM USA XIII LIMITED PARTNERSHIP	CITY-ST-ZIP	
STREET ADDRESS	3495 PIEDMONT ROAD, SUITE 520		
CITY-ST-ZIP	ATLANTA GA 30305		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	300003996273--0
NAME		CITY-ST-ZIP	-04/13/01--01023--006
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

CR2E003 (11/00)

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.

MILLS-KAN AM SAWGRASS PHASE 3 LIMITED PARTNERSHIP
BY: THE MILLS LIMITED PARTNERSHIP, ITS MANAGING GENERAL PARTNER
BY: THE MILLS CORPORATION, ITS GENERAL PARTNER

SIGNATURE: Thomas E. Trust 4.2.01 (703) 526-5000

THOMAS E. TRUST, EXECUTIVE VICE PRESIDENT
SIGNATURE REQUIRED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #