2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000413

1. Entity Name

MILLS-KAN AM SAWGRASS PHASE 3 LIMITED PARTNERSHI
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FILED
02 FEB 18 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001890A AB

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

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

DUE BY MAY 1, 2002

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.

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		

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 # NAME STREET ADDRESS CITY-ST-ZIP	M01000001436 SAWGRASS MILLS PHASE 3 GP, L.L.C. 1300 WILSON BOULEVARD, SUITE 400 ARLINGTON VA 22209	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600004990956--1 -02/22/02--01044--018 ****526.25 ****526.25
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CR2E003 (9/01)

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 REQUIRED 2.14.02 (703) 525-5115
THOMAS [illegible] AND OFFICER OF THE MILLS CORP., THE GP OF THE MILLS LP, THE MANAGER OF
SIGNATURE(S) & TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER(S) DATE Daytime Phone #