## 2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004 04 MAY -6 PH 5: 39 **DOCUMENT # B97000000413** SECRETARY OF STATE TALLAHASSEE, FLORIDA SAWGRASS MILLS PHASE III LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1300 WILSON BLVD., SUITE 400 1300 WILSON BLVD., SUITE 400 ARLINGTON, VA 22209 ARLINGTON, VA 22209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052004 CR2E003 (10/03) Cho-LP City & State Applied For City & State 4. FEI Number 54-1808497 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FLI 33324 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$15,000,490.00 as Shown on record. in FLORIDA to date 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 ADDRESS CHANGES ONLY DOCUMENT # M01000001436 NAME SAWGRASS MILLS PHASE 3 GP, L.L.C. e change urred in STREET ADDRESS 1300 WILSON BOULEVARD, SUITE 400 CITY-ST-ZIP CITY-ST-ZIP ARLINGTON, VA 22209 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # 700037436257 STREET ADDRESS NAME /n1/n4--n10n8--030 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

HEHE

CHECK

STAPLE

DOCUMENT #

PITY-ST-ZIP

NAME **CTREET ADDRESS** 

4,29,04

(703) 526-5000