
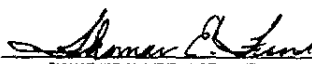


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B97000000413</b>					
1. Entity Name SAWGRASS MILLS PHASE III LIMITED PARTNERSHIP					
Principal Place of Business 1300 WILSON BLVD., SUITE 400 ARLINGTON, VA 22209			Mailing Address 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		4. FEI Number 54-1808497	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and date if applicable</small>					
9. Capital Contributions as Shown on record. \$15,000,490.00			10. Amount of Capital Contributions in FLORIDA to date		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M01000001436		STREET ADDRESS		
NAME	SAWGRASS MILLS PHASE 3 GP, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	1300 WILSON BOULEVARD, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON, VA 22209		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS	UN00000294843	
NAME			CITY-ST-ZIP	04/09/05-80005-008 526.25	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: 			4/4/05 703-526-5000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
THOMAS E. FROST, EXECUTIVE VICE PRESIDENT OF THE MILLS CORP. GP OF THE MILLS L.P. EXECUTIVE MANAGER OF SAWGRASS MILLS PHASE III GP, L.L.C., GP OF SAWGRASS MILLS PHASE III L.P.					

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