2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M99000001788

MEI RETAIL HOLDINGS II, L.L.C.



FILEU - SECRETARY OF STATE DIVISION OF CORPORATIONS

05 APR -4 AM 11:59

Principal Place of Business

Mailing Address

1300 WILSON BOULEVARD, SUITE 400 ARLINGTON, VA 22209

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6. Name and Address of Current Registered Agent

03142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-1885057

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	bove named entity submits this statement for the purpose of chaptions of registered agent.	anging its registered office or registered agent, or both, in the S	state of Florida. I am familiar with, and accept
SIGNATU	URE		
	Signature, typed or printed name of registered agent and title il applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	MILLS ENTERPRISES, INC.		

STREET ADDRESS 1300 WILSON BLVD. CITY-ST-ZIP ARLINGTON, VA 22209 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

300050692703 04/14/05--01009--016 **50.00

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IN THIS SPACE

11	I hardby cortify that the information appoiled with this filling does not available the assembling stated in Caption 440 07(0)(). Charles On the state and the information
	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 count is to a sed assistant and the second state of the second state
	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 managing member or manager of the
	E-a-a-P-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-
	limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes

TITLE

NAME STREET ADDRESS SITY-ST-ZIP TITLE NAME *STREET ADDRESS CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP