FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT -1 PM 12:22

1. Name of Limited Partnership

1a. DOCUMENT # A24257

CROSSWINDS CENTER ASSOCIATES OF ST. PETERSBURG (MLP) LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
3000 K STREET. NW SUITE 400 WASHINGTON DC 20007	3000 K STREET. NW SUITE 400 WASHINGTON DC 20007

3. Date Formed or Registered: 03/13/1987

3a. Date of Last Report: 01/03/1996

4. State or Country of Formation: DC

5a. Capital Contributions as Shown on record: $2,963,295.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	**2a.** Principal Office Address
1300 WILSON BLVD.	1300 WILSON BLVD.
Suite, Apt. #, etc.: #400	Suite, Apt. #, etc.: #400
City & State: ARLINGTON, VIRGINIA	City & State: ARLINGTON, VIRGINIA
Zip: 22209 Country: U.S.A.	Zip: 22209 Country: U.S.A.

6. FEI Number: ~~52-1548615~~ 52-1888403 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. # etc.

City: FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
THE MILLS GP, INC.	~~3000 K STREET, N.W.~~ 1300 Wilson Blvd. #400	~~WASHINGTON DC 20007~~ Arlington, VA 22209	F95000001477
CROSSWINDS L.L.C.	1300 Wilson Blvd. #400	Arlington, VA 22209	M95000000059

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

Crosswinds L.L.C., general partner
By: The Mills Limited Partnership, manager
SIGNATURE By: The Mills Corporation, general partner DATE September 27, 1996

Typed or Printed Name of General Partner Signing Form: Thomas E. Frost, Senior Vice President Daytime Telephone Number: (703) 526-5155