

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

A2457

A24257

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1. Entity Name

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 17 PM 6:16

Principal Place of Business

1300 WILSON BLVD. #400  
ARLINGTON, VA 22209

Mailing Address

(SAME)

2. Principal Place of Business

(SAME)

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1888403

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT COROPRATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

2,963,295.00

10. Amount of Capital Contributions  
in FLORIDA to date.

(SAME)

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # M95000000059  
NAME CROSSWINDS L.L.C.  
STREET ADDRESS 1300 WILSON BLVD. #400  
CITY-ST-ZIP ARLINGTON, VA 22209

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

NYC  
3/17

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE:

*Thomas E. Frost*

3-14-00

(703) 526-5000

THOMAS E. FROST, EXECUTIVE VICE PRESIDENT, THE MILLS LP, MGR. OF CROSSWINDS L.L.C., GP OF CROSSWINDS CENTER ASSOCIATES OF ST. PETERSBURG (MLP) LIMITED PARTNERSHIP

CR2E003 (9/99)