


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A24257**

1. Entity Name  
**CROSSWINDS CENTER ASSOCIATES OF ST. PETERSBURG (MLP) LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
**1300 WILSON BOULEVARD, SUITE 400**      **1300 WILSON BOULEVARD, SUITE 400**  
**ARLINGTON, VA 22209**      **ARLINGTON, VA 22209**

2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc      Suite, Apt #, etc

City & State      City & State

Zip      Country      Zip      Country



4. FEI Number      Applied For  
**52-1888403**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.      **\$2,963,295.00**

10. Amount of Capital Contributions 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M9500000059	STREET ADDRESS	
NAME	CROSSWINDS L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	1300 WILSON BLVD. #400		
CITY-ST-ZIP	ARLINGTON, VA 22209		
DOCUMENT #		STREET ADDRESS	U00000145326
NAME		CITY-ST-ZIP	05/03/04-80020-007-526-25
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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*      4/27/04      (70) 526-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Q410      Daytime Phone #

*MAS* Thomas E. Frost, EVP of The Mills Corporation, the GP of The Mills Limited Partnership, the Manager of Crosswinds L.L.C., the GP of Crosswinds Center Associates