2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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SIGNATURE:

FILED DOCUMENT # A24257 2007 APR 30 AM 10: 53 1. Entity Name CROSSWINDS CENTER ASSOCIATES OF ST. PETERSBURG (MLP) LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5425 WISCONSIN AVE., SUITE 500 5425 WISCONSIN AVE., SUITE 500 CHEVY CHASE, MD 20815 CHEVY CHASE, MD 20815 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 CR2E003 (12/06) Cha-LP City & State City & State 4. FEI Numbe Applied For 52-1888403 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12, 13. ADDRESS CHANGES ONLY M95000000059 DOCUMENT # STREET ADDRESS 5425 Wisconsin Avenue, Suite 500 CROSSWINDS L.L.C. NAME STREET ADDRESS 1300 WILSON BLVD, #400 CITY-ST-ZIP ARLINGTON, VA 22209 Chevy Chase, MD 20815 CITY-ST-ZIP DOCUMENT # STREET ADDRESS 900101245029 STREET ADDRESS 05/02/07--01054--025 CITY-ST-ZIP **200 08 CITY+ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Mary Ellen Seravalli, Executive V. P. and Secretary of The Mills Corporation, General Partner of The Mills Limited Partnership, Manager of

Crosswinds, L.L.C., General Partner of Crosswinds Center Associates of St. Petersburg (MLP) Limited Partnership

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DISTANCE OF SIGNING GENERAL PARTNER