

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A24257



FILED

03 MAR 26 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Mailing Address  
1300 WILSON BOULEVARD, SUITE 400  
ARLINGTON, VA 22209

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

52-1888403

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

DATE

9. Capital Contributions

as Shown on record. \$2,963,295.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL 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

13. ADDRESS CHANGES ONLY

DOCUMENT # MS9000000059  
NAME CROSSWINDS L.L.C.  
STREET ADDRESS 1300 WILSON BLVD. #400  
CITY - ST - ZIP ARLINGTON, VA 22209

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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M THOMAS

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*

3.18.03

(703) 526-5115

THOMAS E. FROST, EVP OF THE MILLS CORPORATION, THE GP OF THE MILLS LP, THE MGR  
OF CROSSWINDS LLC, THE GP OF CROSSWINDS CENTER ASSOCIATES OF ST. PETERSBURG (MLP) LP

CRZ003 (10/02)

STAPLE CHECK HERE