2001 UNIFORM BUSINESS REPORT (UBR)

000788 AF

DOCUMENT # A24680

1. Entity Name

SUNRISE MILLS (MLP) LIMITED PARTNERSHIP

FILED

01 APR -4 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1300 WILSON BLVD., #400 ARLINGTON VA 22209	1300 WILSON BLVD., #400 ARLINGTON VA 22209

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
(SAME)	(SAME)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-1888413 ☐ Applied For ☐ 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
C T 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$950.00		

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M93000000012	STREET ADDRESS	
NAME	SUNRISE MILLS L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	1300 WILSON BLVD., #400		
CITY-ST-ZIP	ARLINGTON VA 22209		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000003933480--7
NAME		CITY-ST-ZIP	-04/12/01--01022--008
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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, trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SUNRISE MILLS/MLP, L.L.C., ITS GENERAL PARTNER
THE MILLS LIMITED PARTNERSHIP, ITS MANAGER
THE MILLS CORPORATION, ITS GENERAL PARTNER

SIGNATURE: _____ 4.2.01 (703)526-5000

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

THOMAS E. FROST, EXECUTIVE VICE PRESIDENT