

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 25 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03072007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A24680</b>					
1. Entity Name SUNRISE MILLS (MLP) LIMITED PARTNERSHIP					
Principal Place of Business 5425 WISCONSIN AVE., SUITE 500 CHEVY CHASE, MD 20815			Mailing Address 5425 WISCONSIN AVE., SUITE 500 CHEVY CHASE, MD 20815		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<p align="center"><b>FILE NOW!!! FEE IS \$500.00</b>  <b>After May 1, 2007, Fee will be \$900.00</b></p> <p align="center"><b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>  <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b></p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M06000001749		STREET ADDRESS	5425 Wisconsin Avenue, Suite 500	
NAME	SAWGRASS MILLS GP, L.L.C.		CITY-ST-ZIP	Chevy Chase, MD 20815	
STREET ADDRESS	1300 WILSON BLVD., #400				
CITY-ST-ZIP	ARLINGTON, VA 22209				
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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, EVP and Secretary of The Mills Corporation, General Partner of The Mills Limited Partnership, Executive Manager of Sawgrass Mills Mezzanine, L.L.C., Executive Manager of Sawgrass Mills GP, L.L.C., General Partner of Sunrise Mills (MLP) Limited Partnership <b>SIGNATURE:</b> _____ <b>7-11-07</b> <b>(301) 968-6601</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE