

DOCUMENT # B96000000289	
Entity Name <b>THE MILLS LIMITED PARTNERSHIP OF DELAWARE</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR 13 AM 9:24

Principal Place of Business <b>1300 WILSON BLVD. #400 ARLINGTON, VA 22209</b>	Mailing Address <b>(SAME)</b>
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Principal Place of Business <b>(SAME)</b>	3. Mailing Address <b>(SAME)</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>52-1873369</b>	Applied For Not Applicable
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DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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## 6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324**

## 7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Capital Contributions as Shown on record. <b>-0-</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>-0-</b>	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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.**

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>F96000003978 THE MILLS CORPORATION 1300 WILSON BLVD. #400 ARLINGTON, VA 22209</b>	STREET ADDRESS	<b>ny 3/21/00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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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: 	Date <b>3-8-00</b>	Daytime Phone # <b>(703) 526-5000</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>THOMAS E. FROST, EVP OF THE MILLS CORPORATION, GP OF THE MILLS LIMITED PARTNERSHIP</b>		

CR2E003 (9/99)