

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017873 AF

DOCUMENT # B96000000289

1. Entity Name

THE MILLS LIMITED PARTNERSHIP OF DELAWARE

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

Mailing Address  
1300 WILSON BLVD., SUITE 400  
ARLINGTON VA 22209

FILED

01 APR -4 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
(SAME)

3. Mailing Address  
(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-1873369

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

C T CORPORATION SYSTEM  
1200 SOUTH 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

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

DATE

9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contributions in FLORIDA to date. -0-

11. MAKE CHECK PAYABLE TO 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 # F96000003978  
NAME THE MILLS CORPORATION  
STREET ADDRESS 1300 WILSON BLVD., SUITE 400  
CITY-ST-ZIP ARLINGTON VA 22209

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

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

BY: THE MILLS CORPORATION, ITS GENERAL PARTNER

SIGNATURE: *Thomas E. Frost*

THOMAS E. FROST, EXECUTIVE VICE PRESIDENT

4.2.01 (703) 506-5000

Date

Daytime Phone #

CR2E003 (11/00)