

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # B96000000289 1. Entity Name THE MILLS LIMITED PARTNERSHIP OF DELAWARE		Secretary of State 	
Principal Place of Business 1300 WILSON BLVD., SUITE 400 ARLINGTON, VA 22209		Mailing Address 1300 WILSON BLVD., SUITE 400 ARLINGTON, VA 22209	
2. Principal Place of Business Suite, Apt # etc. City & State Zip Country		3. Mailing Address Suite, Apt # etc. City & State Zip Country	
		03142005 Chg-LP CR2E003 (10/03)	
		4. FEI Number 52-1873369	
		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 SOUTH 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 filer if applicable</small>			
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date	
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	STREET ADDRESS	
NAME	THE MILLS CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1300 WILSON BLVD., SUITE 400		
CITY-ST-ZIP	ARLINGTON, VA 22209		
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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.

SIGNATURE: **3/31/05** **703-526-5000**

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

STAPLE CHECK HERE