2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # B96000000289 1. Entity Name THE MILLS LIMITED PARTNERSHIP OF DELAWARE 03 MAR 26 AM 10: 01 EBAHASSEE FLORIDA Principal Place of Business Mailing Address 1300 WILSON BLVD., SUITE 400 1300 WILSON BLVD., SUITE 400 ARLINGTON, VA 22209 ARLINGTON, VA 22209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State Applied For 52-1873369 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 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 Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 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. I SIGNATURE Signature, typed or printed name of registered agent and life if applicable MAKE CHECK PAYABLE TO FLEDEPT OF STATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$0.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEETINFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. F96000003978 CRZE003 (10/02 DOCUMENT # STREET ADDRESS THE MILLS CORPORATION NAME 1300 WILSON BLVD., SUITE 400 STREET ADDRESS CITY -ST - 7:P ARLINGTON, VA 22209 CITY -ST-21P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST 2IP CITY-ST-ZIP 700014762937 DOCUMENT A 03/26/03--01042--005 STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT & STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-7/P DOCUMENT # STREET ADDRESS MAME M THOMAS STREET ADDRESS CITY - ST. 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY -ST - ZIP

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14. I hereby certify that the information supplied with this fiting 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.

3·18·03

(703) 526-5115

THOMAS P. PROSTED NAME OF SIGNA CONTROL PATTIELS CORPORATION. THE OP OF THE MIEDS PEP