2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M00000001707

1. Entity Name
SAWGRASS MILLS PHASE IV, L.L.C.

Principal Place of Business

1300 WILSON BOULEVARD, SUITE 400
ARLINGTON, VA 22209

Mailing Address

1300 WILSON BOULEVARD, SUITE 400
ARLINGTON, VA 22209

DO NOT WRITE IN THIS SPACE

03142005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
54-2009120	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

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

Filing Fee is $50.00
Due by May 1, 2005

U00000298152
04/04/05-80097-018 50.00

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	THE MILLS LIMITED PARTNERSHIP		
STREET ADDRESS	1300 WILSON BLVD #400		
CITY-ST-ZIP	ARLINGTON, VA 22209		
TITLE			
NAME			
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CITY-ST-ZIP			

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _[signature]_   3/31/05   703-526-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

THOMAS E. FROST, EXECUTIVE VICE PRESIDENT OF THE MILLS CORP.
GP OF THE MILLS L.P., MANAGER OF SAWGRASS MILLS PHASE IV, L.L.C.