2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100000035



FILED Mar 24, 2003 8:00 am Secretary of State

1. Entity Name SAWGRASS SERVICE, L.L.C.					03-24-2003 90021 001 ****50.00				
Principal Place of Business 1300 WILSON BLVD #400 ARLINGTON VA 22209		Mailing Address 1300 WILSON BLVD., #400 ARLINGTON VA 22209							
2. Principal Pla	ace of Business	3. Mailing Address	 _	<u>-</u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FÉI Number	54-2021788		Not	Applicable	
Zip Country		Zip	Country		5. Certificate of		<u> </u>	5.00 Addit ee Required	tional
	6. Name and Address of Curre	nt Registered Agent		Nemo	7. Name and A	ddress of New Re	gistered A	jent	 {
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name Street Address	(P.O. Box Number	is Not Acceptable)			
1000				City			FL	Zip Code	
O The charge	named entity submits this statemen	t for the nurgose of changing its	s registere	ed office or registe	ered agent, or both	in the State of Flori	da. I am fa	miliar with, a	and accept
the obligation	ons of registered agent.	(10) Ilio polpose el el el el el		-					
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered	d Agent signature require	ed when reinstating)		DATE		
		Make Check Payat	ble to Fid	FEE IS \$50.00 orida Departmo ay 1, 2003			2000		
9.		BERS/MANAGERS	10.	- T		ADDITIONS/0		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE MILLS LIMITED PARTNEI 1300 WILSON BLVD., #400 ARLINGTON VA 22209	☐ Delete		1					
TITLE NAME STREET ADDRESS	AIDIOTON W. EEEO	□ Delete	4					☐ Change	Addition Addition
TITLE: NAME STREET ADDRESS		Delete —	TITLI NAM STRE	E	registration			Change .	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITL NAM STRI	E			_	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		Delete	TITL NAM STR	E				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM - STR	E				Change	Addition

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:

(703) 526-5115

DENT AND THE PRINCE CORPORATION, THE GP OF THE MILLS LP,