FILED 2005 LIMITED LIABILITY COMPANY Apr 04, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # M01000001436 1. Entity Name SAWGRASS MILLS PHASE III GP, L.L.C. Principal Place of Business Mailing Address 1300 WILSON BLVD., STE. 400 1300 WILSON BLVD., STE. 400 ARLINGTON, VA 22209 ARLINGTON, VA 22209 CR2E083 (10/03) 03142005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 52-1873369 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIT CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 tille if applicable (NOTE Recistered Abent signature required when relastation) DATE Filing Fee is \$50.00 Due by May 1, 2005 1100000288140 04/04/05-80097-014 50.00 MANAGING MEMBERS/MANAGERS MGR TITLE THE MILLS LIMITED PARTNERSHIP NAME 1300 WILSON BLVD #400 STREET ADDRESS CITY-ST-ZIP ARLINGTON, VA 22209 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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 amy 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

703-526-5000

Daytime Phone #

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