

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90358 050 ****50.00

DOCUMENT # M01000001436

1. Entity Name
SAWGRASS MILLS PHASE III GP, L.L.C.



Principal Place of Business
**5425 WISCONSIN AVE. SUITE 500
CHEVY CHASE, MD 20815**

Mailing Address
**5425 WISCONSIN AVE. SUITE 500
CHEVY CHASE, MD 20815**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number
52-1873369

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional 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
PLANTATION, FL 33324**

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

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
THE MILLS LIMITED PARTNERSHIP
1300 WILSON BLVD #400
ARLINGTON, VA 22209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5425 Wisconsin Avenue, Suite 500
Chevy Chase, MD 20815** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Mary Ellen Seravalli, Executive V. P. and Secretary of The Mills Corporation, General Partner of The Mills Limited Partnership, Executive

Manager of Sawgrass Mills Phase III GP, L.L.C.

SIGNATURE:

Mary Ellen Seravalli

4-11-07 (301) 968-6601

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

Date

Daytime Phone #