2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000000212

1. Entity Name

BROWARD MALL OPERATING COMPANY, L.L.C.



SECRETARY OF STATE DIVISION OF CORPORATIONS

05 APR -4 AM II: 59

Principal Place of Business

ARLINGTON, VA 22209

1300 WILSON BLVD. #400

Mailing Address

1300 WILSON BLVD. #400 ARLINGTON, VA 22209



DO NOT WRITE IN THIS SPACE

03142005 No Chg-LLC

CR2E083 (10/03)

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

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

DO NOT WRITE IN THIS SPACE

B. The above the obligat	named entity submits this statement for the purpose of changing its rions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE.	Registered Agent signature required when reinstating) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE MILLS LIMITED PARTNERSHIP 1300 WILSON BLVD. #400 ARLINGTON, VA 22209	500050692865 04/14/0501003019 **50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling 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 Jam 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 SUMMER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/3//OS

703-526-5000

Daytime Phone #