2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # M03000004100 1. Entity Name WESTLAND MILLS, L.L.C. Principal Place of Business Mailing Address

05 APR -4 AM II: 59

1300 WILSON BLVD., #400 ARLINGTON, VA 22209

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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

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 il applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due 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	2000506	800050692758 04/14/0501009017 **50,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		04/14/0501009-	017 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WE	RITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		IN THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			