File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 1998

as registered agent, and accept the obligations.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company

DOCUMENT # M93000000012

SUNRISE MILLS OF SUNRISE L.C.

FILED 98 MAR 12 PM 4:00 SECPETARY OF STATE

1a. Principal Place of Business Address

1300 WILSON BOULEVARD SUITE 400 ARLINGTON VA 22209					1300 WILSON BOULEVARD SUITE 400 ARLINGTON VA 22209	
2. Principal Place of Business		2a. Mailing Address			3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			12/21/1993 4. FEI Number	DE Applied For
City & State		City & State			54-1775965	Not Applicable
Zip ·	Country	Zip Country			5. Date of Last Report	6. Certificate of Status Desired S8 75 Additional Free Regioned
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			St	Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
					lability company submits this state	ment for the purpose of changing s. I hereby accept the appointment

(Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code MGR THE MILLS LIMITED PXX, 1300 WILSON BLVD., #400 ARLINGTON VA 22209 PARTNERSHIP MXR 1300 WILSON BLVD., #400 ARLINGTON VA 22209 MBR 200002459452--3 -03/17/98--01048--012 ****1882.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an altachment with an address.

SIGNATURE: