

2001 UNIFORM BUSINESS REPORT (UBR)

0027402 AF

DOCUMENT # M93000000012

1. Entity Name
SUNRISE MILLS OF SUNRISE L.C.

FILED

01 APR -4 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1300 WILSON BOULEVARD
SUITE 400
ARLINGTON VA 22209

Mailing Address

1300 WILSON BOULEVARD
SUITE 400
ARLINGTON VA 22209

2. Principal Place of Business
(SAME)

3. Mailing Address
(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 54-1775965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200003995642--8
-04/12/01--01127--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE MANAGER/MEMBER
NAME SUNRISE MILLS/MLP, L.L.C.
STREET ADDRESS 1300 WILSON BLVD. #400
CITY-ST-ZIP ARLINGTON, VA 22209 ☒ Change ☐ Addition

TITLE MBR
NAME MANAGEMENT ASSOCIATES LIMITED PARTNERSHIP
STREET ADDRESS 1300 WILSON BLVD., #400
CITY-ST-ZIP ARLINGTON VA 22209 ☒ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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.

SUNRISE MILLS/MLP, L.L.C. ITS MANAGER
BY: THE MILLS LIMITED PARTNERSHIP, ITS MANAGER
BY: THE MILLS CORPORATION, ITS GENERAL PARTNER

SIGNATURE:

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

THOMAS E. FROST, EXECUTIVE VICE PRESIDENT

Date

Daytime Phone #

4.2.01 (703) 526-5000

CR2E083 (11/00)