

FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

97 FEB 18 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #M95000000059**

~~CROSSWINDS I.L.C. OF DE, L.C.~~
~~3000 K STREET, N.W., SUITE 400~~
~~WASHINGTON DC 20007~~

1a. Principal Place of Business Address

~~3000 K STREET, N.W., SUITE 400~~
~~WASHINGTON DC 20007~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
1300 Wilson Blvd.

2a. Mailing Address
1300 Wilson Blvd.

3. Date Organized or Qualified
03/08/1995

3a. State of Formation
DE

Suite, Apt. #, etc.
#400

Suite, Apt. #, etc.
#400

4. FEI Number
52-1876621

(see attached)

☐ Applied For
☐ Not Applicable

City & State
Arlington, Virginia

City & State
Arlington, Virginia

5. Date of Last Report
03/26/1996

6. Certificate of Status Desired
\$8.75 Additional Fee Required ☐

Zip
22209

Country
U.S.A.

Zip
22209

Country
U.S.A.

7. Name and Address of Current Registered Agent

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

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MRGM	THE MILLS LIMITED PA, PARTNERSHIP	3000 K STREET, N.W., SUITE 1300 Wilson Blvd., #400	WASHINGTON DC Arlington, VA 22209 900002093599--6 -02/20/97--01095--021 *****203.75 *****203.75 A. Alaw 2/18/97

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 attachment with an address.

SIGNATURE: *Thomas E. Frost* Thomas E. Frost, Senior Vice President of The Mills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date 1/28/97 (703) 526-5155

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255

DATE OF THIS NOTICE: 06-06-94
NUMBER OF THIS NOTICE: CP 575 B
EMPLOYER IDENTIFICATION NUMBER: 52-1876621
FORM: 83-4
2820925404 B

TAX FORMS YOU MUST FILE:
1065

FOR ASSISTANCE CALL US AT:
962-2590 LOCAL BALTIMORE
1-800-829-1040 D.C./OTHER MD

CROSSWINDS L L C
3000 K ST NW STE 400
WASHINGTON DC 20007

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 52-1876621. This EIN will identify your business account tax returns and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. Using any variation in your name or EIN may cause processing delays, incorrect information in your account, or erroneous assignment of more than one EIN.

We have established the filing requirement(s) and tax period for your account based on the information provided. Publication 538, Accounting Periods and Methods, is available at most IRS offices if you need help in determining your required tax year.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-93)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 B

2820925404

YOUR TELEPHONE NUMBER BEST TIME TO CALL
()

DATE OF THIS NOTICE: 06-06-94
EMPLOYER IDENTIFICATION NUMBER: 52-1876621
FORM: 83-4

INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255

CROSSWINDS L L C
3000 K ST NW STE 400
WASHINGTON DC 20007