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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

\$203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Madresas of Current Registered Agent  TALLAHASSEE, FLORIDA  1a. Principal Place of Business Address  1b. Occurring  Tallahassee, Florida  1a. Principal Place of Business Address  1b. Occurring  Tallahassee, Florida  1a. Principal Place of Business Address  1b. Occurring  Tallahassee, Florida  Tallahasee, Florida  Tallahassee, Florida  Tallahassee, Florida  Tallahassee, Florida  Tallahass	7 (1 4) 40	1997	D	Secretary of IVISION OF CORF		97	FEB 18	PH 3:41	
1. Name and Making Address of Current My95000000059 of Limited Liability Company CROSSWINDS II.I., C. OF DE, I. C.  3000 K STREET; N.W., SUITE 400  WASHINGTON DC 20007  If also making address is incorred in any way, line through incorrect information and enter conscious in Block 2a. 2 Principal Place of Business 1300 Wil Son Blvd.  2 Principal Place of Business 1300 Wil Son Blvd.  3 Date Organized or Qualified 3a. State of Formation 3/08/1995 DE 3/08/1995 DE 4400 52/1876621 Suite, Apt. 4, etc 52/1876621 Suite, Apt. 4, etc 4400 52/1876621 Suite, Apt. 4, etc 62/1876621 Suite, Apt.						SECRETARY OF STATE			
CROSSWINDS I. I. C. OF DE, I. C.  3000 K STREET, N.W., SUITE 400  WASHINGTON DC 20007  If above making address is incorrect in any way, line through incorrect information and enter correction in Block 2s  2 Principal Place of Business 4  2 Principal Place of Business in incorrect in any way, line through incorrect information and enter correction in Block 2s  2 Principal Place of Business in incorrect in any way, line through incorrect information and enter correction in Block 2s  2 Principal Place of Business Address 5  2 Principal Place of Business 4  2 Principal Place of Business 4  3 Date Organized or Couellfed  3 Date Organized or Couellfed  4 FEI Number  4 FEI Number  5 Date of Leaf Report  6 Corridate of Statute Observed  8 Date Organized or Couellfed  9 Date Organized or Couellfed  1 Sections 4 Date of Leaf Report  1 Sections 4 Date of Leaf Report  1 CORPORATION SYSTEM  20 SOUTH PINE ISLANI) ROAD  9 DEATHATION FL 33324  Street Address (P.O. Box Number is Not Acceptable)  1 Sections 608 416 and 608 508, Ploride Statutes, the above-manued limited flability company submits this statement for the purpose of changing its registered direct or registered agent or both, in the State of Floridate Such change was subhorized by stiffring three views as reported green, and accept the obligations.  SIGNATURE  Principal Place of Business 2000  1 Date Organized Dusiness 2 Date of Leaf Report  1 Applied For 22-1876621 (Sept. N.W., SUITE ASHINSTON DC  1 Toron Power Agran Accept Agran Accept Agran Accept the appointment as registered different required interversal and in mine state of Floridate Statutes, the above-manued limited flability company submits this statement for the purpose of changing its registered different required interversal and accept the obligations.  1 Date Organized agran and accept the obligations.  1 Date Organized Agran						] TA	LLAHASSE	e, florida	
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#ASHINGTON DC 20007    Platowe making address is incorrect in any way. line through incorrect information and enter correction in Block 2a. 2 Principal Place of Business 1 300 Wilson Blvd. 3 Date Organized or Qualified 3 State of Formation 3 / 08 / 1995  DE    Applied For						BOOO K STREET, N.W. SUITE 40			
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Arlington, Virginia  Arlington							21	<b>       </b>	
Country U.S.A.   Zip   Country U.S.A.   33/26/1996   Status Desired   Salaty Desired   Sa		. Virginia					.5- (see	ached) Not Applicable	
7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered  9. Department of the purpose of Agent	Zip	_				5. Date of Last R	eport	6. Certificate of Status Desired	
7. Name and Address of Current Registered Agent  OT CORPORATION SYSTEM  1200 SOUTH PINE: ISLAND ROAD  PLANTATION FL 33324  Sireet Address (P.O. Box Number is Not Acceptable)  Sireet Address (P.O. Box Number is Not Acceptable)  PLANTATION FL 33324  Sulle, Apt. #, etc.  City  FL  Zip Code  PL  Zip Code  City  FL  Zip Code  City  FL  DATE  Registered depent, or both, in the State of Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered agent, and accept the obligations.  SIGNATURE  Registered Agent Accepting Appointment (NOTE Registered Agent signature required when reinstating)  DATE  Registered Agent Accepting Appointment (NOTE Registered Agent signature required when reinstating)  THE MILLS LIMITED PA, OOS K STREET, N.W., SUITE WASHINGTON DE  PARTNERSHIP  1300 Wilson Blvd., #400  Arlington, VA 22209  SOCIAL PRESENCE OF THE WASHINGTON DE	22209	U.Ś.A.				03/26/199	<b>)</b> 6	\$8.75 Additional Fee Required	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.	7. Name and Address of Current Registered Agent							egistered Agent	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.	TO CODDODATION CUCHEM				Name				
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. Thereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE  [Registered Agent Accepting Agent Accepting Agent separative required when reinstating)]  DATE  [Registered Agent Accepting Agent Accepting Agent separative required when reinstating)]  THE MILLS LIMITED PA, OND K STREET, N.W., SUITE WASHINGTON DE  PARTNERSHIP  1300 Wilson Blvd., #400  Arlington, VA 22209  DODO 2093599-021  *****203.75					Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE  (Regulared Agent Accepting Appointment)  (NOTE Regulared Agent Accepting Appointment)  (NOTE Regulared Address  Business Street Address  City  EL  Zip Code  FL									
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(Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)  10. Title Managing Members/Managers Business Street Address City, State and Zip Code  ARGM THE MILLS LIMITED PA, 3000 K STREET, N.W., SUITE WASHINGTON DE PARTNERSHIP  1300 Wilson Blvd., #400 Arlington, VA 22209  9000209353996  -02/20/9701095021  ****203.75 *****203.75									
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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, Senior Vice President of The Mills **-6,703}526−5**155 DATE OF THIS NOTICE: 06-06-94
NUMBER OF THIS NOTICE: CP 575 B
EMPLOYER IDENTIFICATION NUMBER: 52-1876621
FORM: \$3-4
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

X

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

MUMAS 6-1-96

LODO WILSON DEVD LYD LOLLINGUN VA RADOS 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 \$5-4, Application for Employer Identification Number (EIN). He assigned you EIN 52-1876821. 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 EIR shown above on all federal tax forms, payments, and related correspondence. Using any variation in your name or EIR may cause processing delays, incorrect information in your account, or erromaous assignment of more than one EIR.

He have extablished the filing requirement(s) and tax paried for your account based on the information provided. Publication 838, Accounting Pariods and Matheda, 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 878 B (Rev. 7-83)

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

CP 878 B

2020025404

YOUR TELEPHONE HUMBER BEST TIME TO CALL DATE OF THIS NOTICE: 06-06-94 EMPLOYER IDENTIFICATION NUMBER: 52-1876621 FORN: \$5-4

INTERNAL REVENUE SERVICE PHILADELPHIA PA 19253

CROSSWINDS L L C 3008 K ST NW STE 400 WASHINGTON DC 20007