

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000059

1. Entity Name

CROSSWINDS L.L.C. OF DE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 1:13

Principal Place of Business

1300 WILSON BLVD.

#400

ARLINGTON VA 22209

Mailing Address

1300 WILSON BLVD.

#400

ARLINGTON VA 22209-2307

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

52-1876621

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

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

7. Name and Address of New Registered Agent

Name (SAME)

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

9. MANAGING MEMBERS / MEMBERS

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500003184405--8
-03/27/00--01012--023
*****50.00 ☐ Addition: \$50.00

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

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

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

TITLE 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.

SIGNATURE:

Thomas E. Frost
THOMAS E. FROST, EVP OF THE MILLS CORP., THE MGR OF
MILLS MANAGEMENT L.L.C.

3-8-00

(703) 526-5000

CR2E083 (9/99)