

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90012 040 ****50.00

DOCUMENT # M95000000059

1. Entity Name

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



Principal Place of Business

1300 WILSON BLVD.
#400
ARLINGTON, VA 22209

Mailing Address

1300 WILSON BLVD.
#400
ARLINGTON, VA 22209

24051921



04052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1876621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

(703) 526-5000

Daytime Phone

Thomas E. Frost, EVP of The Mills Corporation, the GP of
The Mills Limited Partnership, the Manager of Crosswinds L.L.C.