2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

1. Entity Nam			· · · · · · · · · · · · · · · · · · ·			Secret	ai v u	ハい	iaic			
CROSSW	MENT # M95000000 PINDS L.L.C. OF DE, L.C.	0059					90354 0:					
Principal Place	e of Business	Mailing Address			/1.1							
5425 WISCONSIN AVE. SUITE 500 CHEVY CHASE, MD 20815		5425 WISCONSIN AVE. SUITE 500 CHEVY CHASE, MD 20815				IIII Ba an Ba ih Bai k	20101 G1112 (E)1	10 1 (11 1 53)				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					171					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03192007	Chg-LLC	CR2E083					
City & State		City & State			4. FEI Numbe 52-1870			No	plied For t Applicable			
Zip	Country	Zip	Country			of Status Desired	□ Fe	5.00 Addi se Required	itional 1			
	6. Name and Address of Current	Registered Agent		-	7. Name and	Address of New	Registered Ag	jent				
CTCOPP	ORATION SYSTEM		Name	Name								
1200 SOU	TH PINE ISLAND ROAD ON, FL 33324		Street A	Street Address (P.O. Box Number is Not Acceptable)								
	3.4,72 33327		Can					7:- 0-4-	_			
			City				FL	Zip Code	3			
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 a	nd title if applicable. (NOTE	: Registered Agent signal	ture required	when reinstating)		DATE					
Filing Fee is \$50.00 Due by May 1, 2007					84-1							
							ke check pay la Departmer		•			
Di	ue by May 1, 2007	RS/MANAGERS	10.			Florid	la Departmer		•			
			10.	<u> </u>		Florid	la Departmer		Addilion			
9.	ue by May 1, 2007 MANAGING MEMBEI	☐ Delete	_			Florid	la Departmer	nt of State				
9.	we by May 1, 2007 MANAGING MEMBE	☐ Delete	TITLE NAME STREET ADDRESS			ADDITIONS venue, Suite 5	la Departmer //CHANGES	nt of State				
9. TITLE NAME	MANAGING MEMBE MRGM THE MILLS LIMITED PARTNERS	☐ Delete	TITLE NAME		Wisconsin A	ADDITIONS venue, Suite 5	la Departmer //CHANGES	nt of State				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE	MANAGING MEMBE MRGM THE MILLS LIMITED PARTNERS 1300 WILSON BLVD., #400	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			ADDITIONS venue, Suite 5	Ja Departmen	nt of State				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Mary Ellen Seravalli, Executive V.P. and Secretary of The Mills Corporation, General Partner of The Mills Limited Partnership, Manager of

Mary Ellen Seravalli, Exe	cutive v.P. and Secretary o	i The Mills Corporation, General P.	artner of The Mills Limit	ed Partnersnip, Manager (
Crosswinds, L.L.C.	01 (1)	Λ	11 11	. 1
SIGNATURE:	Men Elle	Peravalu.	4-11-07	(301)968-6601
		MEMBER, MANAGER, OR AUTHORIZED REPRESENTAT	TIVE Date	Daytime Phone #