

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

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

1 Name and Mailing Address  
of Limited Liability Company **DOCUMENT # M95000000128**

MILLS MANAGEMENT L.L.C. L.C.  
~~3000 K STREET, N.W.~~  
~~WASHINGTON DC 20007~~

1a. Principal Place of Business Address

~~3000 K STREET, N.W.~~  
~~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. Suite, Apt. #, etc. #400 City & State Arlington, Virginia Zip 22209 Country U.S.A.		2a. Mailing Address 1300 Wilson Blvd. Suite, Apt. #, etc. #400 City & State Arlington, Virginia Zip 22209 Country U.S.A.		3. Date Organized or Qualified 05/30/1995 3a. State of Formation DE	
				4. FEI Number 52-1876635 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/22/1996 6. Certificate of Status Desired SB 75: Additional Fee Required <input type="checkbox"/>	

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
MGR	THE MILLS LIMITED PA, <del>3000 K STREET, N.W.</del> (PARTNERSHIP) 1300 Wilson Blvd., #400	<del>WASHINGTON DC</del> Arlington, VA 22209 600002093596--5 -02/20/97--01095--020 ****203.75 ****203.75 <i>A. Alan</i> 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 Corporation, General Partner of The Mills Limited Partnership, Managing Member of the Company  
Date 1/28/97 6708526-5155