File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY & FLORIDA DEPARTMENT OF STATE FILED Katherine Harris ANNUAL REPORT Secretary of State 00 APR 19 PM 5: 00 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M95000000128** 1a. Principal Place of Business Address MILLS MANAGEMENT L.L.C. L.C. 1300 WILSON BLVD. 1300 WILSON BLVD. #400 #400 ARLINGTON VA 22209 ARLINGTON VA 22209 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 05/30/1995 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 52-1876635 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 03/12/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. City Zip Code 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 (Registered Agent Accepting Appointment): (NOTE: Registered Agent signature required when rematating 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code THE MILLS LIMITED PA, PARTNERSHIP 1300 WILSON BLVD., #400 22209 MGR ARLINGTON VA MBR MANAGEMENT ASSOCIATES 1300 WILSON BLVD., #400 22209 ARLINGTON VA LIMITED PARTNERSHIP 1**/**|000/2848531----04/23/98--0**/**004--017 V****128.75 ****188.751 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (1), Florida Statutes. Hurther 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 tam 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

(703) 526-500**0**

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attachment with an address.