

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000128

1. Entity Name

MILLS MANAGEMENT L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 13 AM 11:27

Principal Place of Business

1300 WILSON BLVD. #400  
ARLINGTON, VA 22209

Mailing Address

(SAME)

2. Principal Place of Business

(SAME)

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1876635

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324

Name

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

10. ADDITIONS/CHANGES

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
7000003189557--3  
-03/30/00--01028--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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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*

3.8.00

(703) 526-5000

THOMAS E. FROST, FVP OF THE MILLS CORPORATION, THE GP OF THE MILLS LP, THE MGR OF MILLS MANAGEMENT L.L.C.

CR2E083 (11/99)