

2001 UNIFORM BUSINESS REPORT (UBR)

0027397 AF

DOCUMENT # M95000000128

1. Entity Name
MILLS MANAGEMENT L.L.C. L.C.

FILED

01 APR -4 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1300 WILSON BLVD.
#400
ARLINGTON VA 22209

Mailing Address
1300 WILSON BLVD.
#400
ARLINGTON VA 22209

2. Principal Place of Business
(SAME)

3. Mailing Address
(SAME)

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 52-1876635

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300003996463
-04/13/01--01028--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MANAGER AND MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THE MILLS LIMITED PARTNERSHIP		NAME		
STREET ADDRESS	1300 WILSON BLVD., #400		STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA 22209		CITY-ST-ZIP		
TITLE	MBR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANAGEMENT ASSOCIATES LIMITED PARTNERSHIP		NAME		
STREET ADDRESS	1300 WILSON BLVD., #400		STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA 22209		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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*
BY: THE MILLS LIMITED PARTNERSHIP, ITS MANAGER
BY: THE MILLS CORPORATION, ITS GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
THOMAS E. FROST, EXECUTIVE VICE PRESIDENT

Date Daytime Phone #

4.2.01 (703) 526.5000

CR2E083 (11/00)