

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90012 044 \*\*\*\*50.00

**DOCUMENT # M95000000128**

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



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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04052004 Chg-LLC CR2E083 (10/03)

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
THE MILLS LIMITED PARTNERSHIP  
1300 WILSON BLVD., #400  
ARLINGTON, VA 22209**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MBR  
MANAGEMENT ASSOCIATES LIMITED PARTNERSHIP  
1300 WILSON BLVD., #400  
ARLINGTON, VA 22209**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Thomas E. Frost, EVP of The Mills Corporation, the GP of  
The Mills Limited Partnership, the Manager of Mills Management L.L.C.**

*4.21.04*

(703) 526-5000

*MJS*