

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 11:59

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

DO NOT WRITE IN THIS SPACE

03142005No 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

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THE MILLS LIMITED PARTNERSHIP
STREET ADDRESS	1300 WILSON BLVD., #400
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	MBR
NAME	MANAGEMENT ASSOCIATES LIMITED PARTNERSHIP
STREET ADDRESS	1300 WILSON BLVD., #400
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/31/05

703-526-5000

THOMAS E. FROST, EXECUTIVE VICE PRESIDENT OF THE MILLS CORP.,
GP OF THE MILLS L.P., MANAGER OF MILLS MANAGEMENT L.L.C.