

2001 UNIFORM BUSINESS REPORT (UBR)

0027400 AF

DOCUMENT # M96000000277

1. Entity Name
SAWGRASS MILLS PHASE II, L.L.C.

FILED

01 APR -4 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number 54-1815184 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

800003995648--9
-04/12/01--01127--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE MILLS LIMITED PARTNERSHIP 1300 WILSON BLVD., #400 ARLINGTON VA 22209 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR MANAGEMENT ASSOCIATES LIMITED PARTNERSHIP 1300 WILSON BLVD. #400 ARLINGTON VA 22209 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER/MEMBER SAWGRASS MILLS PHASE II SPE, L.L.C. 1300 WILSON BLVD. #400 ARLINGTON, VA 22209 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 partner or trustee empowered to execute this report by Chapter 608, Florida Statutes.

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

4.2.01 (703) 526-5000

CR2E083 (11/00)