

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M99000000757**

1. Entity Name  
**SUNRISE MILLS/MLP, L.L.C.**



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

Mailing Address  
**1300 WILSON BLVD., #400  
ARLINGTON, VA 22209**



03142005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-1957634**

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**

000000288143  
04/04/05-80097-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

**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:**

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

**3/31/05**

**703-526-5000**

Date

Daytime Phone #

**THOMAS E. FROST, EXECUTIVE VICE PRESIDENT OF THE MILLS CORP.,  
GP OF THE MILLS L.P., MANAGER OF SUNRISE MILLS/MLP, L.L.C.**

OK