2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A27728

1. Entity Name

MALL OF THE AVENUES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 28 AM 3:05

Principal Place of Business	Mailing Address
STE. 300. ONE PARK PLACE 6148 LEE HIGHWAY CHATTANOOGA TN 37421-6511	STE. 300. ONE PARK PLACE 6148 LEE HIGHWAY CHATTANOOGA TN 37421-2994

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country: USA	Zip: 37421-6511	Country: USA

4. FEI Number 62-1368735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. 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)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$970.00	$970.00	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A30264	STREET ADDRESS	ONE PARK PLACE, 6148 LEE HWY., SUITE 300
NAME	CBL/AVENUES G.P.,LIMITED		
STREET ADDRESS	6148 LEE HWY., #300	CITY-ST-ZIP	CHATTANOOGA TN 37421-6511
CITY-ST-ZIP	CHATTANOOGA TN		
DOCUMENT #	P92000003222	STREET ADDRESS	
NAME	DP AVENUES II, INC.		
STREET ADDRESS	7620 MARKET STREET	CITY-ST-ZIP	YOUNGSTOWN OH 44513
CITY-ST-ZIP	YOUNGSTOWN OH		
DOCUMENT #		STREET ADDRESS	
NAME			500003269165 6
STREET ADDRESS		CITY-ST-ZIP	-05/26/00--01103--024
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NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes CBL/Avenues GP By CBL/Jacksonville,Inc.

SIGNATURE: SIGNATURE REQUIRED 4/27/00 423/855-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Gus Stephas Date Daytime Phone #