2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 MAY -1 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0016274 AF

DO NOT WRITE IN THIS SPACE

DOCUMENT # A27728

1. Entity Name

MALL OF THE AVENUES LIMITED PARTNERSHIP

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 37421-6511

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country US	Zip	Country US

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

C T CORPORATION SYSTEM
1200 S. 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.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $970.00

10. Amount of Capital Contributions in FLORIDA to date. $970.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	
NAME	CBL/AVENUES G.P.,LIMITED		
STREET ADDRESS	ONE PARK PLACE, 6148 LEE HWY., STE. 300	CITY-ST-ZIP	
CITY-ST-ZIP	CHATTANOOGA TN 37421-6511		
DOCUMENT #	P92000003222	STREET ADDRESS	600004275716--5 -05/22/01--01030--013
NAME	DP AVENUES II, INC.		
STREET ADDRESS	7620 MARKET STREET	CITY-ST-ZIP	****141.25 ****141.25
CITY-ST-ZIP	YOUNGSTOWN OH 44513		
DOCUMENT #		STREET ADDRESS	
NAME			
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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/Jacksonville, Inc., GP

SIGNATURE: ______ Gus Stephas Sr VP/Controller 4/18/01 (423)855-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (11/00)