	AND FILED
	} { home bore had

MALL OF THE AVENUES LIMITED	D PARTNERSHIP	
Principal Place of Business	Mailing Address	•

STE - 300: - ONE- PARK -PLAGE-\$148-LEE HIGHWAY CHATTANOOGA-TN 97421-651+

DOCUMENT #

STE.-390- ONE-PARK-PLAGE 6148-LEE HIGHWAY

GHATTANOOGA TN-37421-6511-

|--|--|

2. Principal Place of Busi 2030 Hamilton	3. Mailing Address 2030 Hamilton Place Blvd.							
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 500		DUE BY MAY 1, 2002				
City & State Chattanooga, TN		City & State Chattanooga, TN		4. FEI Number 62-1368735		Applied Fo		
37421-6000	Country USA	^{Zip} 37421-6000	Cour	usa Usa	5. Certificate of Status Desired		\$8.75 Additional Fee Required	3000
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			-	Name Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324						_		
				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.

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.	CENERAL DAOTAGE MEGENATION		
	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS	A30264 CBL/AVENUES G.P.,LIMITED ONE PARK PLACE, 6148 LEE HWY., STE. 300	STREET ADDRESS	2030 Hamilton Place Boulevard, Suite 500
CITY-ST-ZIP	CHATTANOOGA TN 97421-6511-	CITY-ST-ZIP	Chattanooga, TN 37421-6000
DOCUMENT # NAME STREET ADDRESS	P92000003222 DP AVENUES II, INC. 7620 MARKET STREET	STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN OH 44513	CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS		STREET ADDRESS	0000055036107
CITY-ST-ZIP		CITY-ST-ZIP	-05/10/0201081004 ****141.25 ****141.25
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
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 ennowered to execute this report as required by Chapter 620, Florida Statutes

OBL/JacksonVIIIe, Inc.,

SIGNATURE:

REQUENSTEPHAS, Sr VP/Controller 4/25/02

423/855-0001

CR2E003 (9/01)