

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A27728 1. Entity Name MALL OF THE AVENUES LIMITED PARTNERSHIP					
Principal Place of Business 2030 HAMILTON PLACE BLVD., STE. 500 CHATTANOOGA, TN 37421-6000			Mailing Address 2030 HAMILTON PLACE BLVD., STE. 500 CHATTANOOGA, TN 37421-6000		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 62-1368735	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ 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		
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		CITY-ST-ZIP		
STREET ADDRESS	2030 HAMILTON PLACE BLVD., STE. 500		STREET ADDRESS		
CITY-ST-ZIP	CHATTANOOGA, TN 374216000		CITY-ST-ZIP		
DOCUMENT #	P92000003222		STREET ADDRESS		
NAME	DP AVENUES II, INC.		CITY-ST-ZIP		
STREET ADDRESS	7620 MARKET STREET		STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN, OH 44513		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
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)(f), 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.					
SIGNATURE: <u>Christopher A. Price</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			CBL Jacksonville, Inc., GP Tax Manager, Asst Secretary 4/21/05 423/855-0001 Date Daytime Phone #		

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