

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 30, 2007 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**



04232007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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

DOCUMENT # **A30264**  
NAME **CBL/AVENUES G.P., LIMITED**  
STREET ADDRESS **2030 HAMILTON PLACE BLVD., STE. 500**  
CITY-ST-ZIP **CHATTANOOGA, TN 374216000**

DOCUMENT # **P92000003222**  
NAME **DP AVENUES II, INC.**  
STREET ADDRESS **7620 MARKET STREET**  
CITY-ST-ZIP **YOUNGSTOWN, OH 44513**

DOCUMENT #  
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CITY-ST-ZIP

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**DO NOT WRITE  
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Christopher A. Price* **CBL Jacksonville, Inc., GP**  
**Christopher A. Price, Tax Mgr./** **4/20/07** **423/855-0001**  
Asst. Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE