2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # A27728

1. Entity Name
MALL OF THE AVENUES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
2030 HAMILTON PLACE BLVD., STE. 500 CHATTANOOGA, TN 37421-6000	2030 HAMILTON PLACE BLVD., STE. 500 CHATTANOOGA, TN 37421-6000

DO NOT WRITE IN THIS SPACE

04212008 No Chg-LP CR2E003 (12/06)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2008, 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 #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

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05/27/08-80102-017 500.00

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STAPLE CHECK HERE

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: CBL Jacksonville, Inc., GP
Christopher A. Price, Tax Mgr./Asst. Sec. 4/22/08 423/855-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #