2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT #1 06000116816

O THE SECOND

FILED May 10, 2007 8:00 am Secretary of State

Entity Name GULF COAST TOWN CENTER PERIPHERAL II, LLC							05-10-2007	90420 03	.5 5	0.00
Principal Plac CBL CENTER 2030 HAMIL CHATTANOO	, SUITE 500 Ton Place	BLVD.	Mailing Address CBL CENTER, SUITE 500 2030 HAMILTON PLACE BLVD. CHATTANOOGA, TN 34721				III Fana a rni aa ng aa nk aa n			TEN! #111 (TEN)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04232007	Chg-LLC	CR2E08	3 (12/06)	
City & State			City & State		4. FEI Numb			<u> </u>	plied For at Applicable	
Zip	Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name	and Address of Current F		7. Name and Address of New Registered Agent						
					Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525					Street Address	(P.O. Box Numb	per is Not Acceptable	e)		
IALLANA	JOLL, IL	02001 2020							1	
					City			FL	Zip Cod	e
	named entiti ions of regist		the purpose of changing its	register	ed office or registe	red agent, or be	oth, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
Filing Fee is \$50.00 Due by May 1, 2007										
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Fi D	iling Fee i ue by Ma	is \$50.00 y 1, 2007 MANAGING MEMBER	RS/MANAGERS	10.			ſ	a Departme	-	9
D	iling Fee i ue by Ma	y 1, 2007	RS/MANAGERS	10.	Ε		Florida	a Departme	-	Addition
9.	MGR	y 1, 2007	☐ Delete	-			Florida	a Departme	nt of State	
9. TITLE NAME STREET ADDRESS	MGR CBL & AS	MANAGING MEMBER SSOCIATES MANAGEM MILTON PLACE BLVD.,	☐ Delete	TITU NAM STRE	ET ADORESS		Florida	a Departme	nt of State	
9. TITLE NAME	MGR CBL & AS	MANAGING MEMBER SSOCIATES MANAGEM	☐ Delete ENT, INC. SUITE 500	TITL NAM STRE CITY	EET ADORESS - ST- ZIP		Florida	a Departme	nt of State	☐ Addition
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

E: CBL & Associates Management, Inc., sole member Christopher A. Price, Tax Mgr./Asst. 4/20/07 423/855-0001 Daytime Phone #