2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# L06000116816

Entity Name: GULF COAST TOWN CENTER PERIPHERAL II, LLC

Current Principal Place of Business:

CBL CENTER, SUITE 500
2030 HAMILTON PLACE BLVD.
CHATTANOOGA, TN 34721

New Principal Place of Business:

CBL CENTER, SUITE 500
2030 HAMILTON PLACE BLVD.
CHATTANOOGA, TN 347216000 US

Current Mailing Address:

CBL CENTER, SUITE 500
2030 HAMILTON PLACE BLVD.
CHATTANOOGA, TN 34721

New Mailing Address:

CBL CENTER, SUITE 500
2030 HAMILTON PLACE BLVD.
CHATTANOOGA, TN 347216000 US

FEI Number: 65-1542279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CBL & ASSOCIATES MANAGEMENT, INC.
Address: 2030 HAMILTON PLACE BLVD., SUITE 500
City-St-Zip: CHATTANOOGA, TN 34721

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CBL & ASSOCIATES MANAGEMENT, INC.
Address: 2030 HAMILTON PLACE BLVD., SUITE 500
City-St-Zip: CHATTANOOGA, TN 347216000 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: CHRISTOPHER A. PRICE, TAX MGR./ASST. SEC. AS 04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date