2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State
04-29-2008 90020 007 ***138.75

DOCUMENT # L07000062862

1. Entity Name
GCTC PERIPHERAL IV, LLC

Principal Place of Business	Mailing Address
CBL CENTER, SUITE 500 2030 HAMILTON PLACE BLVD. CHATTANOOGA, TN 34721	CBL CENTER, SUITE 500 2030 HAMILTON PLACE BLVD. CHATTANOOGA, TN 34721

6003I170

04212008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 374216000	Country	Zip 374216000	Country

4. FEI Number 20-5710184 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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 FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GULF COAST TOWN CENTER CMBS, LLC 2030 HAMILTON PLACE BLVD., #500 CHATTANOOGA, TN 34721	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JG Gulf Coast Town Center, LLC 2030 Hamilton Place Blvd., Suite 500 Chattanooga, TN 37421-6000	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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. (See Attachment)

SIGNATURE: C.A.P. Christopher A. Price, Tax Mgr./Asst. Sec. 4/22/08 423/855-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

600031170

Florida LLC ~~Annual Report~~
Document #L07000062862

GCTC Peripheral IV, LLC
By: JG Gulf Coast Town Center, LLC, its sole member and chief manager
By: CBL/Gulf Coast, LLC, its managing member
By: CBL & Associates Limited Partnership, its sole member and chief manager
By: CBL Holdings I, Inc., its sole general partner
By: Christopher A. Price, Tax Manager/Assistant Secretary