2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90579 001 ****50.00

DOCUMENT # L98000000503

1. Entity Name
RC JACKSONVILLE, L.C.

Principal Place of Business	Mailing Address
~~ONE PARK PLACE~~ ~~6148 LEE HIGHWAY, SUITE 300~~ ~~CHATTANOOGA TN 37421-6511~~	~~ONE PARK PLACE~~ ~~6148 LEE HIGHWAY, SUITE 300~~ ~~CHATTANOOGA TN 37421-6511~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2030 Hamilton Place Blvd.		2030 Hamilton Place Blvd.	
Suite, Apt. #, etc.: Suite 500		Suite, Apt. #, etc.: Suite 500	
City & State: Chattanooga, TN		City & State: Chattanooga, TN	
Zip: 37421-6000	Country: USA	Zip: 37421-6000	Country: USA

4. FEI Number 62-1739809 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM % CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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.

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 $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete CBL & ASSOCIATES LIMITED PARTNERSHIP ~~ONE PARK PLACE, 6148 LEE HWY., STE 300~~ ~~CHATTANOOGA TN 37421-6511~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2030 Hamilton Place Blvd., Suite 500 Chattanooga, TN 37421-6000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CBL & Associates Limited Partnership
By: CBL Holdings I, Inc.

SIGNATURE: SIGNATURE REQUIRED Gus Stephas, Sr VP/Controller 4/25/02 423/855-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #