

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000000503 1. Entity Name RC JACKSONVILLE, L.C.	
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Principal Place of Business 2030 HAMILTON PLACE BLVD. STE 500 CHATTANOOGA, TN 37421-6000	Mailing Address 2030 HAMILTON PLACE BLVD. STE 500 CHATTANOOGA, TN 37421-6000
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04212004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000154125
05/04/04-80152-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CBL & ASSOCIATES LIMITED PARTNERSHIP 2030 HAMILTON PLACE BLVD., STE 500 CHATTANOOGA, TN 374216000
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 partner 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:  **Gus Stephas, Sr VP/Controller**
4/21/04 423/855-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #