

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000000503

1. Entity Name
RC JACKSONVILLE, L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -3 PM 2:50

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



03312006 No Chg-LLC

CR2E083 (11/05)

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

**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, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

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05/16/06--01036--025 **50.00

11. I hereby certify that the information supplied with this filing does not qualify for expedited processing under the 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 the report under the Florida Statutes.

SIGNATURE: Christopher A. Price Christopher A. Price, Tax Mgr./Asst. Sec. 4/7/06 423/855-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #