Apr 28, 2003 8:00 am Secretary of State

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800000503

1. Entity Name



04-28-2003 90102 049 ****50.00 RC JACKSONVILLE, L.C. Principal Place of Business Mailing Address 2030 HAMILTON PLACE BLVD. 2030 HAMILTON PLACE BLVD. STE 500 STE 500 CHATTANOOGA TN 37421-6000 CHATTANOOGA TN 37421-6000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 62-1739809 Not Applicable Ζip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) % CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITI F TITLE ☐ Change ☐ Addition **CBL & ASSOCIATES LIMITED PARTNERSHIP** NAME NAME STREET ADDRESS STREET ADDRESS 2030 HAMILTON PLACE BLVD., STE 500 CITY-ST-ZIP CITY-ST-ZIP CHATTANOOGA TN 37421-6000 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) Elorida 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 by: Callant total and that my signature of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

The controller of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

The controller of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

4/24/03

423/855-0001

Daytime Phone #