

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M02000001351 | |
| 1. Entity Name PANAMA CITY MALL, LLC | |
| Principal Place of Business 2030 HAMILTON PLACE BLVD. SUITE 500 CHATTANOOGA, TN 37421-6000 | Mailing Address 2030 HAMILTON PLACE BLVD. SUITE 500 CHATTANOOGA, TN 37421-6000 |



DO NOT WRITE IN THIS SPACE

04112005No Chg-LLC CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 41-2041293 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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, 2005**

1100000347562

04/30/05-80121-017 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM CBL & ASSOCIATES LIMITED PARTNERSHIP 2030 HAMILTON PLACE BLVD., #500 CHATTANOOGA, TN 374216000 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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IN THIS SPACE**

CBL & Associates Limited Partnership

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 608, 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.

SIGNATURE: *Christopher A. Price*
Tax Manager/Asst Secretary

4/19/05

423/855-0001

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

Date

Daytime Phone #