

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -3 PM 2:49

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



04062006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
41-2041293

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

800074668598  
05/16/06--01036--020 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

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

TITLE  
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CITY-ST-ZIP

*hit*

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing is true and accurate and that my signature is not qualified for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature is not qualified for the exemptions contained in Chapter 608, Florida Statutes.

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

SIGNATURE:

*Christopher A. Price*

Christopher A. Price, Tax Mgr./Asst. Sec. 4/6/06 423/855-0001

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

Date

Daytime Phone #