

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -3 PM 2:52

DOCUMENT # M03000003728

1. Entity Name
JG GULF COAST TOWN CENTER LLC



Principal Place of Business
CBL CENTER
2030 HAMILTON PLACE BLVD., SUITE 500
CHATTANOOGA, TN 37421

Mailing Address
CBL CENTER
2030 HAMILTON PLACE BLVD., SUITE 500
CHATTANOOGA, TN 37421



04062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0238696

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**

700074669007
05/16/06--01036--030 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CBL/GULF COAST, LLC
2030 HAMILTON PLACE BLVD., SUITE 500
CHATTANOOGA, TN 37421

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not violate the exemptions contained in Chapter 119, 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 that 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: 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 #