
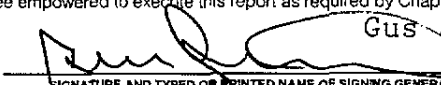


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A26726</b>					
1. Entity Name <b>CBL/34TH STREET ST. PETERSBURG LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>2030 HAMILTON PLACE BLVD., STE. 500 CHATTANOOGA, TN 37421-6000</b>			Mailing Address <b>2030 HAMILTON PLACE BLVD., STE. 500 CHATTANOOGA, TN 37421-6000</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>62-1368045</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$1,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,000.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	B93000000411			STREET ADDRESS	
NAME	CBL & ASSOCIATES LIMITED PARTNERSHIP			CITY-ST-ZIP	
STREET ADDRESS	2030 HAMILTON PLACE BLVD., STE. 500				
CITY-ST-ZIP	CHATTANOOGA, TN 374216000				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, if I am an individual partner in the partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
<b>CBL &amp; Associates Limited Partnership</b> <b>By: CBL Holdings I, Inc.</b>					
SIGNATURE: 				Gus Stephas, Sr VP/Controller	
				4/21/04 423/855-0001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE