

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

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

**DOCUMENT # A26932**

1. Entity Name  
**CBL/TAMPA KEYSTONE LIMITED PARTNERSHIP**



Principal Place of Business  
**2030 HAMILTON PLACE BLVD., STE. 500  
CHATTANOOGA, TN 37421-6000**

Mailing Address  
**2030 HAMILTON PLACE BLVD., STE. 500  
CHATTANOOGA, TN 37421-6000**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**62-1368044**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$1,000.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **B93000000411**  
NAME **CBL & ASSOCIATES LIMITED PARTNERSHIP**  
STREET ADDRESS **2030 HAMILTON PLACE BLVD., STE. 500**  
CITY- ST- ZIP **CHATTANOOGA, TN 374216000**

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
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STREET ADDRESS  
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**0000000158383**

**05/07/04-80019-016 141.25**

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CITY- ST- ZIP

**CBL & Associates Limited Partnership**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 by the General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**By: CBL Holdings I, Inc.**

**Gus Stephas, Sr VP/Controller**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/21/04**

Date

**423/855-0001**

Daytime Phone #

STAPLE CHECK HERE