


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04112005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00
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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	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	U00000363978
NAME		CITY-ST-ZIP	05/06/05-80022-005 141.25
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CITY-ST-ZIP			

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(d), 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 at the time of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Christopher A. Price Tax Manager/Asst Secretary 4/21/05 423/855-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE