

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 30, 2007 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**



04232007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1368044**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 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

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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

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

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05/16/07-80076-023 500.00

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14. I hereby certify that the information supplied with this filing does not qualify for 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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes.

**SIGNATURE:** **Christopher A. Price, Tax Mgr./ 4/20/07 423/855-0001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Asst. Secretary**

Date

Daytime Phone #

STAPLE CHECK HERE