

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN 11 PM 8:34
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A26956

CBL/PLANT CITY LIMITED PARTNERSHIP

Mailing Address

SUITE 300, ONE PARK PLACE
6148 LEE HIGHWAY
CHATTANOOGA TN 37421

Principal Office Address

SUITE 300, ONE PARK PLACE
6148 LEE HIGHWAY
CHATTANOOGA TN 37421

2. Mailing Address

Suite, Apt #, etc.

City & State

Zip Country
37421-6511

2a. Principal Office Address

Suite, Apt #, etc.

City & State

Zip Country
37421-6511

3. Date Formed or Registered

08/29/1988

3a. Date of Last Report

12/22/1997

4. State or Country of Formation

FL

6. FEI Number

62-1364764

7. Certificate of Status Desired

☐ Applied For
☒ Not Applicable

☐ \$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for information)

5a. Capital Contributions as
Shown on Record

\$1,000.00

5b. Amount of Capital
Contributions to FLODUA
to date

\$1,000.00

9. Name and Address of Current Registered Agent

CBL/JACKSONVILLE, INC.
% LAKESHORE MALL
901 U.S. HIGHWAY 27 NORTH, SUITE 68
SEBRING FL 33870-2130

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt #, etc.

City

10. If changed, new Registered Agent/Office

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

CBL & ASSOCIATES LIMITED PAR

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

S-300, ONE PARK PLACE

11b. City, State & Zip Code

CHATTANOOGA TN

11c. Registration
Document Number

B93000000411

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

CBL & Associates Limited Partnership, GP
By CBL Holdings 1, Inc., GP

SIGNATURE

DATE 1/6/99

Typed or Printed Name of General Partner Signing Form

Gus Stephas, Sr. VP/Controller

Daytime Telephone Number (423) 855-0001

CR2E003 (8/98)