

A28444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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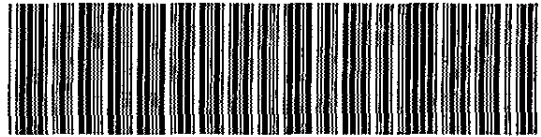
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A 28444
OK

Michael S. Goode
email mgoode@swgwlaw.com

December 23, 2003

Via Certified Mail
Return Receipt Requested

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: CBL/Bartow Village LP

Dear Sir or Madam:

Enclosed is one original and one conformed copy of Articles of Dissolution of CBL/Bartow Village Limited Partnership and a check in the amount of \$52.50 in payment of the applicable filing fee. Please file the enclosed Articles and return the file-stamped document to me at the following address:

Shumacker Witt Gaither & Whitaker, PC
Attn: Michael S. Goode, Esquire
CBL Center, Suite 210
2030 Hamilton Place Boulevard
Chattanooga, Tennessee 37421

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Thank you for your attention to this matter and please feel free to call me collect at 423/425-7211 if you have any questions.

Sincerely,



Michael S. Goode,
For the Firm

MSG/cdb
Enclosures
cc: Chris Price (w/enclosures)

**CERTIFICATE OF CANCELLATION
FOR**

CBL/BARTOW LIMITED PARTNERSHIP

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership,
whose certificate was filed with the Florida Department of State on June 7, 1989,
hereby submits this certificate of cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

The business of this limited partnership has ceased, all outstanding obligations paid and
discharged and it has dissolved.

SECOND: This certificate of cancellation shall be effective at the time of its filing with the Florida
Department of State.

THIRD: Signatures of all general partners:

CBL/Bartow Limited Partnership
a Florida limited partnership

By: CBL & Associates Limited Partnership,
its general partner
By: CBL Holdings I, Inc.,
its general partner

By: _____

Name: _____

Title: _____

[Signature]
Jeffery V. Curry
Assistant Secretary

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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