


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 90 JAN 11 PM 8 34 TALLAHASSEE, FLORIDA | |
|--|--|---|--|--|--|
| 1. Name of Limited Partnership | | 1a. DOCUMENT # A29579 | | | |
| PARK VILLAGE LIMITED PARTNERSHIP | | | | | |
| Mailing Address | | Principal Office Address | | 3. Date Formed or Registered | |
| ONE PARK PLACE 6148 LEE HIGHWAY, SUITE 300 CHATTANOOGA TN 37421 | | ONE PARK PLACE 6148 LEE HIGHWAY, SUITE 300 CHATTANOOGA TN 37421 | | 01/29/1990 | |
| 2. Mailing Address | | 2a. Principal Office Address | | 3a. Date of Last Report | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc | | 12/22/1997 | |
| City & State | | City & State | | 4. State or Country of Formation | |
| Zip | | Zip | | FL | |
| Country | | Country | | 5a. Capital Contributions as Shown on record | |
| 37421-6511 | | 37421-6511 | | \$1,000.00 | |
| | | | | 5b. Amount of Capital Contributions in FL CSDA to date | |
| | | | | \$1,000.00 | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 6. FIC Number | |
| | | | | 62-1431606 | |
| | | | | 7. Certificate of Status Desired | |
| | | | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 8. Make check payable to Dept. of State (See reverse side for form instructions) | |
| 9. Name and Address of Current Registered Agent | | 10. If changed, new Registered Agent Office | | | |
| C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City 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) | | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | | 11b. City, State & Zip Code | |
| 11c. Registration Document Number | | | | | |
| CBL & ASSOCIATES LIMITED PAR | | S-300, ONE PARK PLACE | | CHATTANOOGA TN | |
| B93000000411 | | | | | |
| 2000010276125.22-5 -02/02/99-01098-017 ***141.25 ***141.25 | | | | | |
| 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 indicated 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 | | Gus Stephas, Sr. VP/Controller | | DATE 1/6/99 | |
| Typed or Printed Name of General Partner Signing Form | | Daytime Telephone Number | | (423) 855-0001 | |