

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016271 AF

DOCUMENT # **A29579**

1. Entity Name

PARK VILLAGE LIMITED PARTNERSHIP

01 MAY -1 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**ONE PARK PLACE
6148 LEE HIGHWAY, SUITE 300
CHATTANOOGA TN 37421-6511**

Mailing Address

**ONE PARK PLACE
6148 LEE HIGHWAY, SUITE 300
CHATTANOOGA TN 37421-6511**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1431606

Applied For

Not Applicable

Zip

Country

US

Zip

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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**
NAME **CBL & ASSOCIATES LIMITED PARTNERSHIP**
STREET ADDRESS **S-300, ONE PARK PLACE, 6148 LEE HWY.**
CITY-ST-ZIP **CHATTANOOGA TN 37421-6511**

STREET ADDRESS

CITY-ST-ZIP

900004275719--6
-05/22/01--01030--015

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CBL Holdings I, Inc.

SIGNATURE:

[Signature]

Gus Stephas

4/18/01

(423)855-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Sr VP/Controller

Date

Daytime Phone #

CR2E003 (11/00)