* 2005 LIMITED PARTNERSHIP ANNUAL REPORT

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FILED

	Due by	May 1, 2005)		<u> </u>	May 06,	2005 08:00 AN
DOCUMENT # A29579						Šecr	etary of State
1. Entity Name PARK VILLAGE LIMITED PARTNERSHIP						~667	our y or state
Principal Play	ra of Rusinees	Mailing Address					
Principal Place of Business 2030 HAMILTON PLACE BLVD., STE. 500 CHATTANOOGA, TN 37421-6000 Mailing Address 2030 HAMILTON PLACE E CHATTANOOGA, TN 37421							
Principal Place of Business 3. Mailing Address				F4 .			
Suite, Apt. #, etc Suite, Apt. #, etc.					1 (MMINII 1441 M I	TWIR INTER MANIETHER	t Ribuit atast wintt atali asati Meniculi at sant
					04112005	Chg-LP	CR2E003 (10/03)
City & Sta	City & State City & State				4. FEI Number 62-1431		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
	ATION SERVICE COMPANY						
1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)			
			ļ-,	City			FL Zip Code
8. The above the obligation	named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered	office or register	ed agent, or both	, in the State of Flo	- - 1
SIGNATURE ————————————————————————————————————							
9. Capital Contributions as Shown on record. \$1,000.00 In FLORIDA to date. \$1,000.00							
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 13. ADDRESS CHANGES ONLY							
DOCUMENT #	B93000000411 CBL & ASSOCIATES LIMITED PARTNERSHIP \$ 2030 HAMILTON PLACE BLVD. STE. 500			ADDRESS	<u></u>	ADDITEGO OFF	VOLO ONE!
STREET ADDRESS CITY+ST+ZIP				- ZIP			nnoco a 76
DOCUMENT #			STREET A	ADDRESS		05/06/0	00363976 5-80022-003 141.25
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	-ZIP			
DOCUMENT #			STREET A	ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	· ZIP			
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STREET ADDRESS CITY+ST-ZIP			CITY-ST-	- ZIP			
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-	- ZIP			
DOCUMENT # NAME			STREET A	ODRESS			
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CBL & Associates Limited Partnership		
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section and Action and Courage 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 Christopher A. Price							
SIGNATURE: Tax Manager/Asst Secretary 4/21/05 423/855-0001 SIGNATURE: Daylorg Phone #							