

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000002165 1. Entity Name SAND LAKE CORNERS LIMITED PARTNERSHIP					
Principal Place of Business 2030 HAMILTON PLACE BLVD., STE. 500 CHATTANOOGA, TN 37421-6000			Mailing Address 2030 HAMILTON PLACE BLVD., STE. 500 CHATTANOOGA, TN 37421-6000		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 62-1715996	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$990.00			10. Amount of Capital Contributions in FLORIDA to date. \$990.00		
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 #	L97000001111		STREET ADDRESS		
NAME	SAND LAKE CORNERS, LC		CITY-ST-ZIP		
STREET ADDRESS	2030 HAMILTON PLACE BLVD., STE. 500		CITY-ST-ZIP		
CITY-ST-ZIP	CHATTANOOGA, TN 374216000		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01(1), Florida Statutes, and 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 by the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>Christopher A. Price</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Christopher A. Price Tax Manager/Asst Secretary 4/21/05 423/855-0001 Date Daytime Phone #		

STAPLE CHECK HERE

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 05/06/05-80022-007 141.25

CBL & Associates Limited Partnership