2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000004344

1. Entity Name

CBL & ASSOCIATES MANAGEMENT, INC.



Principal Place of Business

2030 HAMILTON PLACE BLVD

SUITE 500

CHATTANOOGA, TN 37421-6000 US

Mailing Address

2030 HAMILTON PLACE BLVD

SUITE 500

CHATTANOOGA, TN 37421-6000 US

FILED May 03, 2005 8:00 am Secretary of State

05-03-2005 90150 036 ***150.00

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04112005

No Chq-P

CR2E034 (10/03)

4. FEI Number 62-1542279

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

| TALLAHASSEE, FL 32301-2525                                                                                                                              |                                                                                                                                                                                                                                           |                                                      | IN THIS SPACE   |                                |                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------|--------------------------------|--------------------------------------------------------------|
|                                                                                                                                                         | named entity submits this statement for the pions of registered agent.                                                                                                                                                                    | purpose of changing its registere                    | d office or r   | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE                                                                                                                                               | Signature, typed or printed name of registered agent and title                                                                                                                                                                            | if applicable. (NOTE: Registered                     | Agent signature | required when reinstating)     | DATE                                                         |
| FIL:<br>After Ma                                                                                                                                        | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00                                                                                                                                                                               | Election Campaign Finant<br>Trust Fund Contribution. | cing            | \$5.00 May Be<br>Added to Fees |                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                              |                                                                                                                                                                                                                                           |                                                      |                 |                                |                                                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COBD LEBOVITZ, CHARLES B 2030 HAMILTON PLACE BOULEVAR CHATTANOOGA, TN 374216000 PSD LEBOVITZ, STEPHEN D #395 WATERMILL CTR, 800 SOUTH WALTHAM, MA 02454- 02453-1 SRVP STEPHAS, GUS 2030 HAMILTON PLACE BOULEVAR CHATTANOOGA, TN 374216000 | STREET<br>436                                        |                 | DO                             | NOT WRITE                                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                   | VCOB FOY, JOHN N 2030 HAMILTON PLACE BOULEVARD, SUITE 500 CHATTANOOGA, TN 374216000                                                                                                                                                       |                                                      | IN THIS SPACE   |                                |                                                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                   | CHATTANOOGA, TN 374216000                                                                                                                                                                                                                 |                                                      |                 |                                |                                                              |
| TITLE                                                                                                                                                   | l SRVP                                                                                                                                                                                                                                    |                                                      |                 |                                |                                                              |

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachnest faith an address, with all other like empowered.

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

GIMPLE, RONALD S

CHATTANOOGA, TN 374216000

HA.D.

2030 HAMILTON PLACE BOULEVARD, SUITE 500

Christopher A. Price Tax Manager/Asst Secretary

4/21/05

423/855-0001

Daytime Phone #