
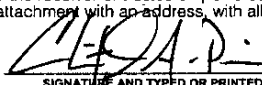


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90203 023 \*\*\*150.00

<b>DOCUMENT # F93000004344</b> 1. Entity Name <b>CBL &amp; ASSOCIATES MANAGEMENT, INC.</b>					
Principal Place of Business <b>2030 HAMILTON PLACE BLVD SUITE 500 CHATTANOOGA, TN 37421-6000 US</b>			Mailing Address <b>2030 HAMILTON PLACE BLVD SUITE 500 CHATTANOOGA, TN 37421-6000 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>62-1542279</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COBD LEBOVITZ, CHARLES B 2030 HAMILTON PLACE BOULEVARD, SUITE 500 CHATTANOOGA, TN 374216000</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COBCEOD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD LEBOVITZ, STEPHEN D #395 WATERMILL CTR, 800 SOUTH STREET WALTHAM, MA 02154</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WALTHAM, MA 02453-1436</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SRVP STEPHAS, GUS 2030 HAMILTON PLACE BOULEVARD, SUITE 500 CHATTANOOGA, TN 374216000</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SRVPC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCOB FOY, JOHN N 2030 HAMILTON PLACE BOULEVARD, SUITE 500 CHATTANOOGA, TN 374216000</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCOBCEOD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP LANDRESS, BEN S 2030 HAMILTON PLACE BOULEVARD, SUITE 500 CHATTANOOGA, TN 374216000</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SRVP GIMPLE, RONALD S 2030 HAMILTON PLACE BOULEVARD, SUITE 500 CHATTANOOGA, TN 374216000</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVEGC VICKIE BERGHEL 2030 HAMILTON PLACE BLVD., SUITE 500 CHATTANOOGA, TN 37421-6000</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>Christopher A. Price, Tax Mgr./Asst. Sec.</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<b>4/7/06</b>		
			<b>423/855-0001</b>		
			<small>Daytime Phone #</small>		

60030654



04062006 Chg-P CR2E034 (11/05)