

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90579 004 ****50.00

DOCUMENT # L00000010787

1. Entity Name

COBBLESTONE VILLAGE AT ST. AUGUSTINE, LLC

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2030 Hamilton Place Blvd.

3. Mailing Address

2030 Hamilton Place Blvd.

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

Chattanooga, TN

City & State

Chattanooga, TN

Zip

37421-6000

Country

USA

Zip

37421-6000

Country

USA

4. FEI Number

62-1838955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2030 Hamilton Place Blvd., Suite 500**
CITY-ST-ZIP **Chattanooga, TN 37421-6000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

By: CBL Holdings I, Inc.
Stephas, Sr VP/Controller 4/25/02 423/855-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)