

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000052952

1. Entity Name
COBBLESTONE VILLAGE AT ROYAL PALM BEACH, LLC



Principal Place of Business
**CBL CENTER, STE. 500
2030 HAMILTON PLACE BLVD.
CHATTANOOGA, TN 37421**

Mailing Address
**CBL CENTER, STE. 500
2030 HAMILTON PLACE BLVD.
CHATTANOOGA, TN 37421**



04112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1542285

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
CBL & ASSOCIATES LIMITED PARTNERSHIP
2030 HAMILTON PL. BLVD., STE. 500
CHATTANOOGA, TN 374216000**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

CBL & Associates Limited Partnership

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.02, 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 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:

Christopher A. Price

Tax Manager/Asst Secretary

4/19/05

423/855-0001

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

Date

Daytime Phone #