

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2006 90013 039 ****50.00

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip 37421-6000	Country
Zip 37421-6000	Country



04072006 Chg-LLC CR2E083 (11/05)

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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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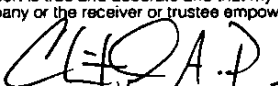
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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, 2006	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CBL & ASSOCIATES LIMITED PARTNERSHIP 2030 HAMILTON PL. BLVD., STE. 500 CHATTANOOGA, TN 374216000 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not equal in the conditions provided in Chapter 182, 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 the report required by Chapter 182, Florida Statutes.

CBL & Associates Limited Partnership
By: CBL Holdings I, Inc.

SIGNATURE:  **Christopher A. Price, Tax Mgr./Asst. Sec.** **4/7/06** **423/855-0001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #