2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90013 039 ****50.00

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

Principal Place of Business	Mailing Address
CBL CENTER, STE. 500 2030 HAMILTON PLACE BLVD. CHATTANOOGA, TN 37421	CBL CENTER, STE. 500 2030 HAMILTON PLACE BLVD. CHATTANOOGA, TN 37421
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	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

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

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

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

11. 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 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.

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

SIGNATURE: [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 #