

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90031 036 ****50.00

DOCUMENT # L04000029503

1. Entity Name
FASHION SQUARE - ORANGE PARK, LLC



Principal Place of Business
**CBL CENTER
2030 HAMILTON PLACE BLVD., SUITE 300
CHATTANOOGA, TN 37421**

Mailing Address
**CBL CENTER
2030 HAMILTON PLACE BLVD., SUITE 300
CHATTANOOGA, TN 37421**

20050215



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
500

Suite, Apt. #, etc.
500

04112005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
62-1542285

Applied For
Not Applicable

Zip
37421-6000

Country

Zip
37421-6000

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CBL & ASSOCIATES LIMITED PARTNERSHIP
CBL CENTER, STE 500, 2030 HAMILTON PL BLVD
CHATTANOOGA, TN 37421**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chattanooga, TN 37421-6000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CBL & Associates Limited Partnership

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(9)(b), 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 by a person who is a 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #