## 2007 LIMITED LIABILITY COMPANY

## May 10, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #L06000038823 05-10-2007 90420 028 \*\*\*\*50.00 COBBLESTONE VILLAGE AT ROYAL PALM BEACH II, Principal Place of Business Mailing Address 60050573 **CBL CENTER, SUITE 500 CBL CENTER, SUITE 500** 2030 HAMILTON PLACE BLVD. 2030 HAMILTON PLACE BLVD. CHATTANOOGA, TN 37421 CHATTANOOGA, TN 37421 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 Chg-LLC CR2E083 (12/06) 4. FEI Number 62-1542279 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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, 2007 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9 TITLE TITLE ☐ Change ☐ Addition ☐ Delete CBL & ASSOCIATES MANAGEMENT, INC. NAME NAME 2030 HAMILTON PLACE BLVD., STE. 500 STREET ADDRESS STREET ADDRESS CHATTANOOGA, TN 37421 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

FILED

■ Addition

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.

TITLE

☐ Defete

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

STREET ADDRESS

CITY-ST-ZIP

CBL & Associates Management, Inc., sole member

STREET ADDRESS CITY-ST-ZIP

Christopher A. Price, Tax Mgr./Asst.Sec. 4/20/07 423/855-0001