

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074062

FILED
Apr 03, 2009
Secretary of State

Entity Name: THE PAVILION AT PORT ORANGE, LLC.

Current Principal Place of Business:

CBL CENTER
2030 HAMILTON PLACE BLVD., SUITE 500
CHATTANOOGA, TN 37421

New Principal Place of Business:

CBL CENTER
2030 HAMILTON PLACE BLVD., SUITE 500
CHATTANOOGA, TN 374216000 US

Current Mailing Address:

CBL CENTER
2030 HAMILTON PLACE BLVD., SUITE 500
CHATTANOOGA, TN 37421

New Mailing Address:

CBL CENTER
2030 HAMILTON PLACE BLVD., SUITE 500
CHATTANOOGA, TN 374216000 US

FEI Number: 62-1542285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CBL & ASSOCIATES LIMITED PARTNERSHIP
Address: 2030 HAMILTON PLACE BLVD., SUITE 500
City-St-Zip: CHATTANOOGA, TN 37421

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CBL & ASSOCIATES LIMITED PARTNERSHIP
Address: 2030 HAMILTON PLACE BLVD., SUITE 500
City-St-Zip: CHATTANOOGA, TN 374216000 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGR./ASST. SEC.

AS

04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date