

LO 8000068946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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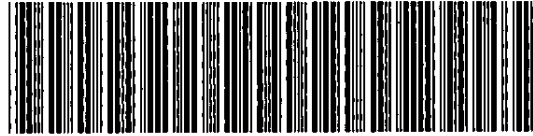
(Business Entity Name)

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

JUL 17 2008

EXAMINER

FILED

08 JUL 17 PM 4:15

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 651625 7382243

AUTHORIZATION

COST LIMIT : \$ 125.00

FILED
08 JUL 17 PM 4:15
TALLAHASSEE, FLORIDA

ORDER DATE : July 17, 2008

ORDER TIME : 11:15 AM

ORDER NO. : 651625-005

CUSTOMER NO: 7382243

DOMESTIC FILING

NAME: CVPC-OUTPARCELS II, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - EXT. 2937

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CVPC-Outparcels II, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

CBL Center, Suite 500
2030 Hamilton Place Boulevard
Chattanooga, TN 37421

Mailing Address:

CBL Center, Suite 500
2030 Hamilton Place Boulevard
Chattanooga, TN 37421

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Corporation Service Company

BY: Cynthia L. Harris
Registered Agent's Signature (REQUIRED)

Cynthia L. Harris
Asst. Vice President

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Cobblestone Village at Palm Coast, LLC
CBL Center, Suite 500, 2030 Hamilton Place Blvd.
Chattanooga, TN 37421

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

See Attached Signature Page

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

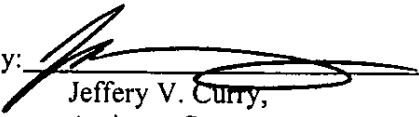
\$ 5.00 Certificate of Status (Optional)

**Signature Page
to
Articles of Organization
of
CVPC-Outparcels II, LLC**

By: Cobblestone Village at Palm Coast, LLC,
its sole member

By: CBL & Associates Limited Partnership,
its sole member and chief manager

By: CBL Holdings I, Inc.,
its sole general partner

By: 
Jeffery V. Curry,
Assistant Secretary