

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L80237	
1. Entity Name CBL/JACKSONVILLE, INC.	

Principal Place of Business 2030 HAMILTON PLACE BLVD, SUITE 500 CHATTANOOGA, TN 37421-6000 US	Mailing Address 2030 HAMILTON PLACE BLVD, SUITE 500 CHATTANOOGA, TN 37421-6000 US
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DO NOT WRITE IN THIS SPACE

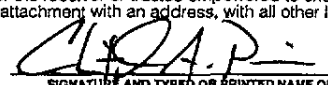
5. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000347020 04/30/05-80100-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCD LEBOVITZ, CHARLES B. 2030 HAMILTON PLACE BLVD, STE 500 CHATTANOOGA, TN 374216000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC STEPHAS, GUS 2030 HAMILTON PLACE BLVD, STE 500 CHATTANOOGA, TN 374216000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCTD FOY, JOHN N 2030 HAMILTON PLACE BLVD, STE 500 CHATTANOOGA, TN 374216000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV LANDRESS, BEN 2030 HAMILTON PLACE BLVD, STE 500 CHATTANOOGA, TN 374216000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEBOVITZ, STEPHEN D WATERMILL CTR., 800 SOUTH ST., STE. 395 WALTHAM, MA 02154 02453-1436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 	Christopher A. Price Tax Manager/Asst Secretary	4/21/05	423/855-0001
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>