

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90024 010 ***150.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 62-1435946	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCD LEBOVITZ, CHARLES B. <input type="checkbox"/> Delete 2030 HAMILTON PLACE BLVD,STE 500 CHATTANOOGA, TN 374216000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB CEO D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC STEPHAS, GUS <input type="checkbox"/> Delete 2030 HAMILTON PLACE BLVD,STE 500 CHATTANOOGA, TN 374216000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SRVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCTD FOY, JOHN N <input type="checkbox"/> Delete 2030 HAMILTON PLACE BLVD,STE 500 CHATTANOOGA, TN 374216000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCB CFP TR D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV LANDRESS, BEN <input type="checkbox"/> Delete 2030 HAMILTON PLACE BLVD,STE 500 CHATTANOOGA, TN 374216000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEBOVITZ, STEPHEN D <input type="checkbox"/> Delete WATERMILL CTR., 800 SOUTH ST., STE. 395 WALTHAM, MA 024531436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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 Mgr./					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Asst. Secretary		
Date			Daytime Phone #		

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