

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P92000013292

1. Entity Name
CBL/AVENUES II, 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



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1523723

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000347019

04/30/05-80100-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	COBD LEBOVITZ, CHARLES B. 2030 HAMILTON PLACE BLVD. - STE. 500 CHATTANOOGA, TN 374216000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVGC GIMPLE, RONALD S 2030 HAMILTON PLACE BLVD. - STE. 500 CHATTANOOGA, TN 374216000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCOB FOY, JOHN N. 2030 HAMILTON PLACE BLVD. - STE. 500 CHATTANOOGA, TN 374216000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP LANDRESS, BEN S. 2030 HAMILTON PLACE BLVD. - STE. #500 CHATTANOOGA, TN 374216000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SRVP FULLAM, RONALD L 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

**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)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #