2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT	#	DU	20	UU	UU	UJ	O	3

1. Entity Name LANE & HIGH L.P.



FILED 03 APR 30 PM 12: 48

SECRETARY OF STATE

Principal Place 209 EAST STA C/O DMCO NO COLUMBUS OF	OTICES, INC.	Mailing Address 209 EAST STATE STREET C/O DMCO NOTICES INC. COLUMBUS OH 43215		TALLAHASSEE PLORIDA					
2. Principal Place of Business 191 W NATIONWIDE BLVD 3. Mailing Address 191 W NATIONWIDE 19		VIDE BLVD							
Suite, Apt. #, etc. SUITE 200 SUITE 200			DUI BY MAY 1, 2003						
City & Stat	e US, OH	City & State COLUMBUS, OH		4. FEI Number Applied For 31–1668239 Not Applicable					
Zip 43215-		Zip 43215-2568	Country	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
GREENE.	ROBERT F		Name						
1	TH AVENUE, WEST, SUITE 40	0	Street A	Street Address (P.O. Box Number is Not Acceptable)					
	ON FL 34205	•							
			<u> </u>						
· •			City	FL Zip Code					
	named entity submits this statem tions of registered agent.	ent for the purpose of changing its	registered office of	r registered agent, or both, in the State of Florida. I am familiar with, and accept					
the oblegat	ions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.		DATE					
9. Capital Contributions \$2,000,000.00 10. Amount of Capital Co				11. MAKE CHECK PAYABLE TO FL, DEPT. OF STATE					
as Shown	on record.	in FLORIDA to da		SEE REVERSE SIDE FOR FEE INFORMATION					
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.								
12.		TNER INFORMATION	13.	ADDRESS CHANGES ONLY					
DOCUMENT # NAME	F02000005618 CRI HOLDINGS, INC.		STREET ADDRESS	191 W NATIONWIDE BLVD, SUITE 200					
STREET ADDRESS			CITY-ST-ZIP	COLUMBUS, OH 43215-2568					
DOCUMENT #			STREET ADDRESS.	GOLDINGS, OI 43213-2300					
NAME			· Office/Addition	· · · · · · · · · · · · · · · · · · ·					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
DOCUMENT # NAME			STREET ADDRESS	900017612399					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	04/30/030:106002 **526.25					
DOCUMENT #			STREET ADDRESS						
NAME STREET ADDRESS									
CITY-ST-ZIP			CITY-ST-ZIP						
DOCUMENT /			ATREET ARROSCO	•					

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this peport as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STAPLE CHECK HEKE

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

> REQUIRDON M. CASTO, III SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #