


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000000525**

1. Entity Name  
**PIZZUTI MANAGEMENT LLC**



Principal Place of Business  
**TWO MIRANOVA, SUITE 800  
 COLUMBUS, OH 43215**

Mailing Address  
**TWO MIRANOVA, SUITE 800  
 COLUMBUS, OH 43215**

**DO NOT WRITE IN THIS SPACE**



04062007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>31-1677601</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NATIONAL CORPORATE RESEARCH, LTD., INC.  
 515 E. PARK AVE.  
 TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

U00000708660  
 04/24/07 00119 026 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIZZUTI, RONALD A TWO MIRANOVA, SUITE 800 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEST, SCOTT TWO MIRANOVA, SUITE 800 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, SCOTT 300 S. ORANGE AVE., SUITE 1500 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIZZUTI EQUITIES, INC. TWO MIRANOVA, SUITE 800 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Scott B West*      Scott B. West, SVP      4-12-07      (614)280-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #