

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000525

FILED  
Apr 08, 2010  
Secretary of State

Entity Name: PIZZUTI MANAGEMENT LLC

**Current Principal Place of Business:**

TWO MIRANOVA, SUITE 800  
COLUMBUS, OH 43215

**New Principal Place of Business:**

TWO MIRANOVA PLACE  
SUITE 800  
COLUMBUS, OH 43215

**Current Mailing Address:**

TWO MIRANOVA, SUITE 800  
COLUMBUS, OH 43215

**New Mailing Address:**

TWO MIRANOVA PLACE  
SUITE 800  
COLUMBUS, OH 43215

FEI Number: 31-1677601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PIZZUTI, RONALD A  
Address: TWO MIRANOVA, SUITE 800  
City-St-Zip: COLUMBUS, OH 43215

Title: COO  
Name: PIZZUTI, JOEL S  
Address: TWO MIRANOVA, SUITE 800  
City-St-Zip: COLUMBUS, OH 43215

Title: EVP  
Name: WEST, SCOTT B  
Address: TWO MIRANOVA PLACE, SUITE 800  
City-St-Zip: COLUMBUS, OH 43215

Title: VP  
Name: HARMER, THOMAS A  
Address: 300 S ORANGE AVE, SUITE 1500  
City-St-Zip: ORLANDO, FL 32801

Title: MGR  
Name: PIZZUTI EQUITIES INC.  
Address: TWO MIRANOVA PLACE, SUITE 800  
City-St-Zip: COLUMBUS, OH 43215

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

EVP

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date