

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90053 044 \*\*\*\*55.00

**DOCUMENT # M00000001008**

1. Entity Name  
**D&M DEVELOPMENT I, LLC**

Principal Place of Business: **15438 NORTH FLORIDA AVENUE, SUITE 102 TAMPA FL 33613**  
 Mailing Address: **200 E. CALIFORNIA AVENUE, SUITE 2 YOUNGSTOWN OH 44512**

**B0102656**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **15438 N. Florida Ave Suite 200**  
 3. Mailing Address: **100 DeBartolo Place, Suite 310**

City & State: **Tampa Florida** / **Youngstown, Ohio**

4. FEI Number: **59-3650529**  
 Applied For:  Not Applicable

Zip: **33613** / **44512**

5. Certificate of Status Desired:  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME	<b>MGR MURANSKY, EDWARD W</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>15438 NORTH FLORIDA AVENUE, SUITE 200</b>
CITY-ST-ZIP	<b>TAMPA FL 33613</b>
TITLE NAME	<b>M DEBARTOLO, EDWARD J JR.</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>15438 NORTH FLORIDA AVENUE, SUITE 200</b>
CITY-ST-ZIP	<b>TAMPA FL 33613</b>
TITLE NAME	_____ <input type="checkbox"/> Delete
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Delete
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Delete
STREET ADDRESS	_____
CITY-ST-ZIP	_____

10. ADDITIONS/CHANGES	
TITLE NAME	<b>MGRM Muransky, Edward W.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>15438 N. Florida Ave., Suite 200</b>
CITY-ST-ZIP	<b>Tampa, Florida 33613</b>
TITLE NAME	<b>M Melbourne, Peripheral Associates</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>100 DeBartolo Place, Suite 310</b>
CITY-ST-ZIP	<b>Youngstown, Ohio 44512</b>
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	_____
CITY-ST-ZIP	_____

11. 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 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:** *[Signature]* **GARY A. LOCKHART, CFO** **4/29/02** **330-624-8232**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)