4/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
04-16-2002 90080 008 ****50.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000542

1. Entity Name
PARSONS VILLAGE STATION LLC

Principal Place of Business
710 MARTIN LUTHER KING
SEFFNER FL 33584

Mailing Address
~~4440 LAKE FOREST DR. SUITE 110~~
~~CINCINNATI OH 45242~~

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
11690 Grooms Rd.
Suite, Apt. #, etc.
City & State
Cincinnati, OH
Zip
45242
Country
USA

4. FEI Number 31-1598100 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
Signature, typed or printed name of registered agent and title if applicable. (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	MGRM
NAME	PHILLIPS, MICHAEL C
STREET ADDRESS	4440 LAKE FOREST DRIVE, SUITE 110
CITY-ST-ZIP	CINCINNATI OH 45242
TITLE	MGRM
NAME	EDISON, JEFFREY S
STREET ADDRESS	1000 LANCASTER STREET, SUITE 420
CITY-ST-ZIP	BALTIMORE MD 21202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE	Phillips Edison & Co. ☐ Change ☒ Addition
NAME	
STREET ADDRESS	11690 Grooms Rd.
CITY-ST-ZIP	Cincinnati, OH 45242
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: 3-26-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #