

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAR 18 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0019637 AB

DOCUMENT # **A26951**

1. Entity Name

PDI ST. LUCIE I LIMITED PARTNERSHIP

Principal Place of Business

C/O PIZZUTI DEVELOPMENT, INC.
250 EAST BROAD STREET, SUITE 1900
COLUMBUS OH 43215

Mailing Address

C/O PIZZUTI DEVELOPMENT, INC.
250 EAST BROAD STREET, SUITE 1900
COLUMBUS OH 43215



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

31-1250342

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMBACK, KENNETH P
255 S. ORANGE AVENUE
SUITE 1350
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

500 International Pkwy Ste 300

City

Heathrow

FL

Zip Code

32746

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]
Signature, typed or printed name of registered agent and title if applicable.

Ken Simback *2/28/02*
DATE

9. Capital Contributions as Shown on record.

\$2,814,583.00

10. Amount of Capital Contributions in FLORIDA to date.

-0-

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
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. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P03309**
NAME **PIZZUTI DEVELOPMENT, INC**
STREET ADDRESS **250 E. BROAD STREET, #1900**
CITY-ST-ZIP **COLUMBUS OH**

STREET ADDRESS

CITY-ST-ZIP

400005170264--1

~~03/26/02-01079-011~~

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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 report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *James P. Warner* *2/28/02* *614.280.4000*
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE