

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A26951

1. Entity Name  
PDI ST. LUCIE I LIMITED PARTNERSHIP



FILED

03 APR 29 PM 3:42

SERIALIZED BY STATE  
TALLAHASSEE, FLORIDA



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  
Two Mivanova  
Suite, Apt. #, etc. 800

3. Mailing Address  
Two Mivanova  
Suite, Apt. #, etc. 800

City & State  
City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

4. FEI Number 31-1250342

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SIMBACK, KENNETH P  
300 INTERNATIONAL PKWY., STE. 300  
HEATHROW, FL 32746

7. Name and Address of New Registered Agent  
Name National Corporate Research, Ltd., Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
103 N. Meridian St.  
City Tallahassee FL Zip Code 32301

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 *[Signature]* ASST. SEC. DATE 4/18/03

9. Capital Contributions as Shown on record. \$2,814,583.00

10. Amount of Capital Contributions in FLORIDA to date. 0.00

11. MAKE CHECK PAYABLE TO FL. 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	STREET ADDRESS	Two Mivanova Sk 800
NAME	PIZZUTI DEVELOPMENT, INC	CITY-ST-ZIP	
STREET ADDRESS	250 E. BROAD STREET, #1900		
CITY-ST-ZIP	COLUMBUS, OH		
DOCUMENT #		STREET ADDRESS	BK
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	05/08/03 01059 046 **141.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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]* James P Cramer 4/11/03 614.280.4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)