

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90038 007 ****50.00

DOCUMENT # M00000000524

1. Entity Name

PIZZUTI PROPERTIES LLC

Principal Place of Business

**250 EAST BROAD STREET, SUITE 1900
 COLUMBUS OH 43215**

Mailing Address

**250 EAST BROAD STREET, SUITE 1900
 COLUMBUS OH 43215**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1677602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMBACK, KEN
 255 SOUTH ORANGE AVENUE, SUITE 1350
 ORLANDO FL 32801**

Name

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

300 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.

(NOTE: Registered Agent signature required when reinstating)

Ken Simback

2/20/02

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **P**
PIZZUTI, RONALD A
 STREET ADDRESS **250 EAST BROAD STREET, SUITE 1900**
 CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
DALEY, RICHARD C
 STREET ADDRESS **250 EAST BROAD STREET, SUITE 1900**
 CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
CRAMER, JAMES P
 STREET ADDRESS **250 EAST BROAD STREET, SUITE 1900**
 CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

Treasurer 2/20/02 614.280.4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)