

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **31-1677602** Applied For
 Not Applicable

Zip Country Zip Country 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 **Ken Simback** **2/20/02**
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

10. ADDITIONS/CHANGES

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P PIZZUTI, RONALD A 250 EAST BROAD STREET, SUITE 1900 COLUMBUS OH 43215	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	S DALEY, RICHARD C 250 EAST BROAD STREET, SUITE 1900 COLUMBUS OH 43215	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	T CRAMER, JAMES P 250 EAST BROAD STREET, SUITE 1900 COLUMBUS OH 43215	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 listed 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)