

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000524

Entity Name: PIZZUTI PROPERTIES LLC

FILED  
Feb 11, 2004  
Secretary of State

**Current Principal Place of Business:**

TWO MIRANOVA, SUITE 800  
COLUMBUS, OH 43215

**New Principal Place of Business:**

**Current Mailing Address:**

TWO MIRANOVA, SUITE 800  
COLUMBUS, OH 43215

**New Mailing Address:**

FEI Number: 31-1677602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: PIZZUTI, RONALD A  
Address: TWO MIRANOVA, SUITE 800  
City-St-Zip: COLUMBUS, OH 43215

Title: T ( ) Delete  
Name: CRAMER, JAMES P  
Address: TWO MIRANOVA, SUITE 800  
City-St-Zip: COLUMBUS, OH 43215

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PIZZUTI, RONALD A  
Address: TWO MIRANOVA, SUITE 800  
City-St-Zip: COLUMBUS, OH 43215

Title: MGR (X) Change ( ) Addition  
Name: WEST, SCOTT  
Address: TWO MIRANOVA, SUITE 800  
City-St-Zip: COLUMBUS, OH 43215

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SCOTT WEST

MGR

02/11/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date