

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 17 PM 12:50

CLERK OF COURT  
TALLAHASSEE, FLORIDA

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  
*Two Miranova*  
Suite, Apt. #, etc. *800*

3. Mailing Address  
*Two Miranova*  
Suite, Apt. #, etc. *800*



☐ CHECK HERE IF MAKING CHANGES

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

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

## 7. Name and Address of New Registered Agent

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

FL Zip

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/18/03*

FILE NOW!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

200016226932  
18/03--01002--023 \*\*50.00

## 9. MANAGING MEMBERS / MANAGERS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP *Two Miranova Ste 800* ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP *Two Miranova Ste 800* ☒ Change ☐ Addition

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

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

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

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

*James P Cramer* 614.280.4900

Date *4/11/03* Daytime Phone #

CR2E093 (10/02)