


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # M00000000525 1. Entity Name PIZZUTI MANAGEMENT LLC |  |
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| Principal Place of Business TWO MIRANOVA, SUITE 800 COLUMBUS, OH 43215 | Mailing Address TWO MIRANOVA, SUITE 800 COLUMBUS, OH 43215 |
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 31-1677601 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301 |
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IN THIS SPACE**

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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| Filing Fee is \$50.00 Due by May 1, 2007 | U000000708660 04/24/07 00119 026 50.00 |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PIZZUTI, RONALD A TWO MIRANOVA, SUITE 800 COLUMBUS, OH 43215 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WEST, SCOTT TWO MIRANOVA, SUITE 800 COLUMBUS, OH 43215 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HALL, SCOTT 300 S. ORANGE AVE., SUITE 1500 ORLANDO, FL 32801 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PIZZUTI EQUITIES, INC. TWO MIRANOVA, SUITE 800 COLUMBUS, OH 43215 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Scott B. West, SVP | 4-12-07 | (614)280-4000 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |