

2002 UNIFORM BUSINESS REPORT (UBR)

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

0045483

DOCUMENT # M00000001252

1. Entity Name

PERIMTER WEST I FLORIDA LLC

03-24-2002 90036 045 *****50.00

Principal Place of Business 250 EAST BROAD STREET - SUITE 1900 COLUMBUS OH 43215	Mailing Address 250 EAST BROAD STREET - SUITE 1900 COLUMBUS OH 43215
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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
250 EAST BROAD STREET - SUITE 1900
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]* *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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	PIZZUTI, RONALD A	250 E. BROAD STREET, SUITE 1900	COLUMBUS OH 43215				
S	DALEY, RICHARD C	250 E. BROAD STREET, SUITE 1900	COLUMBUS OH 43215				
T	CRAMER, JAMES P	250 E. BROAD STREET, SUITE 1900	COLUMBUS OH 43215				

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]* **SIGNATURE REQUIRED** *Treasurer 2/20/02 614.282.4002*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)