

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 17 PM 12:50

CLERK OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M0000001252

1. Entity Name
PERIMETER WEST I FLORIDA 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 Miranda
Suite, Apt. #, etc. *800*

3. Mailing Address
Two Miranda
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
SIMBACK, KEN
300 INTERNATIONAL PWY STE 300
HEATHROW, FL 32746

7. Name and Address of New Registered Agent
Name *National Corporate Research, Ltd, Inc.*
Street Address (P.O. Box Number is Not Acceptable)
103 N. Meridian St.
City *Tallahassee* FL Zip Code *32301*

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]* *Asst. Sec.*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when resigning)

DATE *4/18/03*

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

300016226843
18/03--01002--020 **50.00

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIZZUTI, RONALD A 250 E. BROAD STREET, SUITE 1900 COLUMBUS, OH 43215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DALEY, RICHARD C 250 E. BROAD STREET, SUITE 1900 COLUMBUS, OH 43215	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAMER, JAMES P 250 E. BROAD STREET, SUITE 1900 COLUMBUS, OH 43215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Two Miranda St 800</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Two Miranda St 800</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 60B, Florida Statutes.

SIGNATURE: *[Signature]* *James P Cramer* 4/11/03 614.280.4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2E083 (10/02)