2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000001467

1. Entity Name: DWR Properties, Limited Liability Company, an Ohio limited liability company

FILED
01 MAY -2 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business / Mailing Address
850 Science Boulevard
Columbus, OH 43230

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
850 Science Boulevard		850 Science Boulevard	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State: Columbus, OH		City & State: Columbus, OH	
Zip: 43230	Country: USA	Zip: 43230	Country: USA

4. FEI Number: 31-1463232 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
Richard Bennett
3033 Riviera Drive
Suite 201
Naples, FL 34103

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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, 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

9. MANAGING MEMBERS / MEMBERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member David W. Ramsey 643 Sycamore Mill Drive Columbus, OH 43230	☐ 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
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000004316170--2 -05/24/01--01105--021 *****50.00 *****50.00	☐ 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

CR2E083 (11/00)

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: David W. Ramsey, Managing Member 5-1-01