

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 02, 2005 8:00 am  
Secretary of State

05-02-2005 90111 048 \*\*\*\*50.00

DOCUMENT # *M00000001467*

1. Entity Name

D W R PROPERTIES, LLC

DO NOT WRITE IN THIS SPACE

20052653

2. Principal Place of Business

850 Science Boulevard

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Columbus, OH

City & State

4. FEI Number

31-1463232

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

43230

—7. Name and Address of Current Registered Agent—

Name

Richard Bennett

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

3033 Riviera Drive

Suite 201

City

Naples

FL

Zip Code

34103

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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.

SIGNATURE

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

DATE

FEF IS \$50.00

Make Check payable to Department of State  
TREASURER

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Managing Member  
David W. Ramsey  
643 SYCAMORE MILLS DRIVE  
GAHANNA, OH 43230

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CITY-ST-ZIP

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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

Date

Daytime Phone #

*4/12/05 614-863-6964*