

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

FILED

2002 AUG -9 PM 2:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002163

1. Entity Name

Moberger I, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3045 East Fifth Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Columbus, OH

City & State

4. FEI Number
31-1737279

Applied For
Not Applicable

Zip
43219

Country
USA

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michael W. McArdle

Street Address (P.O. Box Number is Not Acceptable)
850 Park Shore Drive, Third Floor

City
Naples FL Zip Code
34103

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.

Michael W. McArdle

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Robert C. Moberger
3045 E. Fifth Ave., Columbus, OH 43219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Robert C. Moberger, Mgr.

4.15.02

(614) 235-0057

Date

Daytime Phone #

CR25008 (12/01)