

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0045466

**DOCUMENT # M01000000847**

1. Entity Name  
**HIBC 801 LLC**

03-29-2002 91212 033 \*\*\*\*50.00

Principal Place of Business 250 EAST BROAD ST., STE. 1900 COLUMBUS OH 43215	Mailing Address 250 EAST BROAD ST., STE. 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, KENNETH  
 C/O THE PIZZUTI COMPANIE  
 255 S. ORANGE AVE., STE. 1350  
 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 **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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		<b>P</b> Ronald A Pizzuti	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		250 E Broad Ste 1900 Columbus, Oh 43215	
TITLE NAME	<input type="checkbox"/> Delete	<b>S</b> Richard C Daley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		250 E Broad Sk 1900	
CITY-ST-ZIP		Columbus, Oh 43215	
TITLE NAME	<input type="checkbox"/> Delete	<b>T</b> James P Craver	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		250 E Broad Sk 1900	
CITY-ST-ZIP		Columbus, Oh 43215	
TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			

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:** **James P Craver** **2/20/02** **614.280.4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)