


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000000852</b> 1. Entity Name <b>IDEAL BUSINESS PROPERTIES GP LLC</b>	
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Principal Place of Business <b>100 SOUTH THIRD STREET COLUMBUS, OH 43215</b>	Mailing Address <b>100 SOUTH THIRD STREET COLUMBUS, OH 43215</b>
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01272004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-3025137</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

5. Name and Address of Current Registered Agent  <b>KRINER, DEBORAH L 5500 VILLAGE BLVD., SUITE 200 WEST PALM BEACH, FL 33407</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000136164  
04/28/04-80082-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WALKINGTON, INC. 100 SOUTH THIRD STREET COLUMBUS, OH 43215
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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.

**WALKINGTON, INC., by its President James A. Rutledge**

SIGNATURE: James A. Rutledge Date: 4-26-2004 Daytime Phone #: 614-227-2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE