

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

M94000000147

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV 19 PM 2:36

FILING FEE \$ 588.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M94000000147**

PIZZUTI PROPERTIES/HIBC LIMITED COMPANY
C/O PIZZUTI EQUITIES INC.
250 EAST BROAD STREET
COLUMBUS OH 43215

1a. Principal Place of Business Address
C/O PIZZUTI EQUITIES INC.
250 EAST BROAD STREET
COLUMBUS OH 43215

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country

3. Date Organized or Qualified 11/23/1994 **3a. State of Formation** OH

4. FEI Number 31-1421618 Applied For Not Applicable

5. Date of Last Report 05/01/1996 **6. Certificate of Status Desired** \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
SIMBACK, KENNETH P
255 S. ORANGE AVE.
SUITE 1350
ORLANDO FL 32801

8. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number Is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ Zip Code _____ **FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOT a Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PIZZUTI EQUITIES INC,	250 EAST BROAD STREET	COLUMBUS OH

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REINSTATEMENT 97

OR 11-19

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* *[Signature]*

SIGNATURE AND TITLE OF PERSON IN NAME OF SIGNING MANAGING MEMBER OR MANAGER Date: 11/19/97