File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 13 PM 2: 46 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** M9400000147 1a. Principal Place of Business Address PIZZUTI PROPERTIES/HIBC LIMITED COMPANY C/O PIZZUTI EQUITIES INC. C/O PIZZUTI EQUITIES INC. 250 EAST BROAD STREET 250 EAST BROAD STREET COLUMBUS OH 43215 COLUMBUS OH 43215 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 11/23/1994 4. FEI Number OH Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 31-1421618 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country S8 75 Additional Fee Required <u> 11/19/1997</u> 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent SIMBACK, KENNETH P Street Address (P.O. Box Number is Not Acceptable) 255 S. ORANGE AVE. **SUITE 1350** Sulte, Apt. #, etc. ORLANDO FL 32801 City 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 Apple ntment) (NOTE 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

11. Ido 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:

CNATURE AND TYPE OF A PRINTED MANUE OF SIGNING MANAGING MEMBER OF MANAGER

Part Dautimo Phono k