

2000 UNIFORM BUSINESS REPORT (UBR)

0015078 AF

DOCUMENT # M98000000866

1. Entity Name
CAPITOL TALLAHASSEE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:06

Principal Place of Business
PO BOX 496
GRANVILLE OH 43023

Mailing Address
3825 COLUMBUS ROAD SW
BLDG F
GRANVILLE OH 43023-8609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3825 Columbus Road, S.W.
Suite, Apt. #, etc.
Building F
City & State
Granville, Ohio

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number 31-1606404
Applied For
Not Applicable

Zip 43023 Country US
Zip Country

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] Member January 25, 2000
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

| 9. MANAGING MEMBERS/MEMBERS | | | 10. ADDITIONS/CHANGES | | |
|--|---|---------------------------------|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CAPITOL REALTY I, LLC 1967 NEWARK-GRANVILLE ROAD GRANVILLE OH 43023 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Capitol Realty I, LLC 3825 Columbus Road, S.W., Building F Granville, Ohio 43023 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800003132088--2 -02/11/00--01013--016 *****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE: [Signature] Member January 25, 2000 (740) 587-4150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E063 (9/99)