

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 17 PM 12:50

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001704

1. Entity Name
PIZZUTI LAND LLC



Principal Place of Business
250 EAST BROAD STREET
STE 1900
COLUMBUS, OH 43215

Mailing Address
250 EAST BROAD STREET
STE 1900
COLUMBUS, OH 43215

2. Principal Place of Business

Two Miranova

Suite, Apt. #, etc.

800

3. Mailing Address

Two Miranova

Suite, Apt. #, etc.

800



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

31-1674478

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

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's signature required when reinstating)

DATE

4/18/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

400016226914
18/03--01002--022 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	T	<input type="checkbox"/> Delete
NAME	CRAMER, JAMES P	
STREET ADDRESS	250 E. BROAD STREET, SUITE 1900	
CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DALEY, RICHARD	
STREET ADDRESS	250 E. BROAD ST., SUITE 1900	
CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE	P	<input type="checkbox"/> Delete
NAME	PIZZUTI, RONALD A	
STREET ADDRESS	250 E. BROAD ST., SUITE 1900	
CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Two Miranova Ste 800</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Two Miranova Ste 800</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

James P Cramer 4/11/03 614. 280. 4000

CR2E083 (10/02)