PROJECT DISCLOSURE STATEMENT

Parties having a 5% or more interest in the project that is the subject of this application.
THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED. Do not indicate **'NONE'** in the space provided.

STATE OF OHIO
COUNTY OF FRANKLIN

APPLICATION # CV04-025

Being first duly cautioned and sworn (NAME) Michael T. Shannon, Esq.
of (COMPLETE ADDRESS) 500 S. Front St., Suite 1200, Columbus, Ohio 43215
deposes and states that (he/she) is the APPLICANT, AGENT or DULY AUTHORIZED ATTORNEY FOR SAME and the following is a list of all persons, other partnerships, corporations or entities having a 5% or more interest in the project which is the subject of this application and their mailing addresses:

NAME	COMPLETE MAILING ADDRESS
Georgesville Retail Center, LLC	500 S. Front St., Suite 1200
c/o CRABBE, BROWN & JAMES, LLP	Columbus, Ohio 43215

SIGNATURE OF AFFIANT

Subscribed to me in my presence and before me this 16th day of June, in the year 2004

SIGNATURE OF NOTARY PUBLIC

My Commission Expires:

This Project Disclosure Statement expires six months after date of notarization.

Notary Seal Here

RITA MARTIN
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES 09-24-05