



### 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 # 704-069

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
<u>Georgesville Retail Center, LLC</u>	<u>500 S. Front St., Suite 1200</u>
<u>c/o CRABBE, BROWN &amp; JAMES, LLP</u>	<u>Columbus, Ohio 43215</u>

SIGNATURE OF AFFIANT

Michael T. Shannon

Subscribed to me in my presence and before me this 3<sup>rd</sup> day of August, in the year 2004

SIGNATURE OF NOTARY PUBLIC

Rita Martin

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