

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000001284

1. Entity Name
CASTO SOUTHEAST LLC



Principal Place of Business

**401 N CATTLEMEN RD
SUITE 108
SARASOTA, FL 34232**

Mailing Address

**401 N CATTLEMEN RD
SUITE 108
SARASOTA, FL 34232**



04182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0030841

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, DREW A
401 N CATTLEMEN RD
SUITE 108
SARASOTA, FL 34232**

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE _____

**Filing Fee Is \$50.00
Due by May 1, 2007**

U00000738726
05/11/07-80077-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CASTO, DON M III
191 W NATIONWIDE BLVD STE 200
COLUMBUS, OH 43215**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BENSON, FRANK S III
191 W NATIONWIDE BLVD STE 200
COLUMBUS, OH 43215**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HUTCHENS, J. BRETT
191 W NATIONWIDE BLVD STE 200
COLUMBUS, OH 43215**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LUKEMAN, PAUL G
191 W NATIONWIDE BLVD STE 200
COLUMBUS, OH 43215**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DUTTON, STEPHEN E
191 W NATIONWIDE BLVD STE 200
COLUMBUS, OH 43215**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MARTIN, ANTHONY A
191 W NATIONWIDE BLVD STE 200
COLUMBUS, OH 43215**

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Don M. Casto, III

4-23-07 614-228-5331

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

Date

Daytime Phone #