


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2008 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
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04112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 30-0030841	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SMITH, DREW A 401 N CATTLEMEN RD SUITE 108 SARASOTA, FL 34232
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000014020  
05/08/08-80040-010 138.75

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

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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** **04/18/08** **614-228-5331**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #