


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000026625**  
 1. Entity Name  
 ONE HUNDRED CENTRAL AVENUE, LLC



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 401 NORTH CATTLEMEN ROAD 401 NORTH CATTLEMEN ROAD  
 SUITE 108 SUITE 108  
 SARASOTA, FL 34232 SARASOTA, FL 34232

**DO NOT WRITE IN THIS SPACE**



04262005No Chg-LLC CR2E083 (10/03)  
 4. FEI Number 56-2425927 Applied For Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GREENE, ROBERT F  
 1301 - 6TH AVENUE WEST  
 SUITE 400  
 BRADENTON, FL 34205

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**  
 000000360523  
 05/05/05-80036-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VENTURE, CASTO-ZENITH LLC
STREET ADDRESS	401 N. CATTLEMEN ROAD, STE 108
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **Frank S. Benson III** **April 28, 2005** **614-228-5331**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #