

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 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



04112008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2425927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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)
 Signature: typed or printed name of registered agent and title if applicable DATE _____

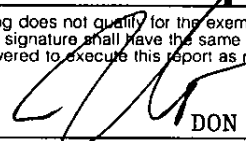
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000931919
 05/22/08-20034-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VENTURE, CASTO-ZENITH LLC 401 N. CATTLEMEN ROAD, STE 108 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTO SOUTHEAST LLC 191 WEST NATIONWIDE BOULEVARD SUITE 200 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZENITH INSURANCE COMPANY 21255 CALIFA STREET WOODLAND HILLS, CA 91367
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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** 04/24/08 614-228-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #