LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 30 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001571

1. Entity Name
CASTO-KERINA VENTURE, LTD.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
401 N. CATTLEMEN ROAD	209 EAST STATE STREET
Suite, Apt. #, etc.: SUITE 108	Suite, Apt. #, etc.:
City & State: SARASOTA, FL	City & State: COLUMBUS, OH
Zip: 34232 - Country: USA	Zip: 43215 Country: USA

DUE BY MAY 1

4. FEI Number: 30-0013192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT F. GREENE, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 1301 SIXTH AVE. W., SUITE 400

City: BRADENTON **FL** Zip Code: 34205

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100	$100	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P01000110486
NAME	CASTO PARKSIDE CORPORATION
STREET ADDRESS	209 EAST STATE STREET
CITY-ST-ZIP	COLUMBUS, OH 43215
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CR2E003B (12/01)

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ DON M. CASTO, III APRIL 24, 2002 614-228-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #