
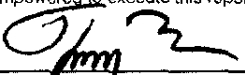


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001571 1. Entity Name CASTO-KERINA VENTURE, LTD.					
Principal Place of Business 401 N. CATTLEMEN ROAD SUITE 108 SARASOTA, FL 34232			Mailing Address 401 N. CATTLEMEN ROAD SUITE 108 SARASOTA, FL 34232		
2. Principal Place of Business Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____			3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		
4. FEI Number 30-0013192			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GREENE, ROBERT F 1301 SIXTH AVE. W. SUITE 400 BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$100.00			10. Amount of Capital Contributions in FLORIDA to date. _____		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P01000110486		STREET ADDRESS		
NAME	CASTO PARKSIDE CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	191 W NATIONWIDE BLVD., SUITE 200				
CITY-ST-ZIP	COLUMBUS, OH 432152568				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			Frank S. Benson III		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			April 28, 2005		
			614-228-5331		
			<small>Date Daytime Phone #</small>		



STAPLE CHECK HERE