
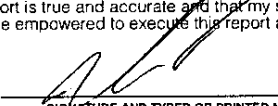


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
 AND
 FILED
 04 MAY -4 PM 5:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # A01000001607 1. Entity Name CASTO-RIVER CLUB VENTURE, LTD. | | | |  | |
| Principal Place of Business 191 W. NATIONWIDE BLVD SUITE 200 COLUMBUS, OH 43215-2568 | | | Mailing Address 191 W. NATIONWIDE BLVD SUITE 200 COLUMBUS, OH 43215-2568 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent GREENE, ROBERT F ESQ. 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 | |
| 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. | | | | 4. FEI Number 30-0013185 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 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 # NAME STREET ADDRESS CITY-ST-ZIP | P01000107963 CASTO RIVER CLUB CORPORATION 209 EAST STATE STREET COLUMBUS, OH 43215 | | STREET ADDRESS CITY-ST-ZIP | 191 W. NATIONWIDE BLVD., STE.200 COLUMBUS, OH 43215-2568 | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | | |
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| 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 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date: 4/27/04 Daytime Phone #: 614-228-5331 | | |

STAPLE CHECK HERE

