

**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**


APPROVED  
AND  
FILED

04 MAY -4 PM 5:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A03000000640**

1. Entity Name  
CASTO MCIC, LTD.



Principal Place of Business  
401 NORTH CATTLEMEN ROAD, SUITE 108  
SARASOTA, FL 34232

Mailing Address  
401 NORTH CATTLEMEN ROAD, SUITE 108  
SARASOTA, FL 34232



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004 Chg-LP CR2E003 (10/03)

4. FEI Number  
56-2356787

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, ELLEN A ESQ.  
5801 PELICAN BAY BLVD., SUITE 300  
NAPLES, FL 34108-2709

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$1,500,000.00

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

|                |                                     |
|----------------|-------------------------------------|
| DOCUMENT #     | P03000016006                        |
| NAME           | CASTO PORT CHARLOTTE CORPORATION    |
| STREET ADDRESS | 401 NORTH CATTLEMEN ROAD, SUITE 108 |
| CITY-ST-ZIP    | SARASOTA, FL 34232                  |
| DOCUMENT #     |                                     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |
| DOCUMENT #     |                                     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |
| DOCUMENT #     |                                     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |

13. ADDRESS CHANGES ONLY

|                |                               |
|----------------|-------------------------------|
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| STREET ADDRESS | 800036545578                  |
| CITY-ST-ZIP    | 05/18/04--01093--024 **526.25 |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |

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 4/27/04 614-228-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #