2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # B02000000273

1. Entity Name
LUCAS CLERMONT II LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
191 W. NATIONWIDE BLVD SUITE 200 COLUMBUS, OH 43215-2568	191 W. NATIONWIDE BLVD SUITE 200 COLUMBUS, OH 43215-2568

04262004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 06-1641517 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREENE, ROBERT ESQ
1301 SIXTH AVENUE WEST, 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
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record	$811,021.17	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 #	F98000002647	STREET ADDRESS	
NAME	CASTO CLERMONT CORPORATION		
STREET ADDRESS	191 W NATIONWIDE BLVD., SUITE 200	CITY-ST-ZIP	
CITY-ST-ZIP	COLUMBUS, OH 432152568		
DOCUMENT #		STREET ADDRESS	U00000159574
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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: [signature] DON M. CASTO, III 4/27/04 614-228-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #