2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPL

SIGNATURE:

FILED **DOCUMENT # B05000000144** 1. Entity Name 06 MAY -1 PM 2: 36 CASTO LIFESTYLE PROPERTIES L.P. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 191 W. NATIONWIDE BLVD., STE. 200 191 W. NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215 COLUMBUS, OH 43215 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 Chg-LP CR2E003 (11/05) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENE, ROBERT F ESQ Street Address (P.O. Box Number is Not Acceptable) 1301 SIXTH AVENUE WEST, STE. 400 BRADENTON, FL 34205 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. M05000000723 DOCUMENT # STREET ADDRESS NAME CLP MANAGEMENT LLC STREET ADDRESS 191 W. NATIONWIDE BLVD., STE. 200 CITY-ST-7/P CITY-ST-ZIP COLUMBUS, OH 43215 M05000000936 DOCUMENT A STREET ADDRESS **800075018538** 05/22/06--01020--029 **500.00 NAME CLP PARTNER LLC STREET ADDRESS 1498 ROOSEVELT AVE., STE. 201 CITY-ST-ZIP GUAYNABO PUERTO RICO 00968, XX CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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

FRANK S BENSON, III

IND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APRIL 26, 2006