


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B05000000144 1. Entity Name CASTO LIFESTYLE PROPERTIES L.P.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JUL 18 PM 12:52

Principal Place of Business 191 W. NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215	Mailing Address 191 W. NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

04192007 Chg-LP CR2E003 (12/06)

4. FEI Number 55-0883085	Applied For
APPLIED FOR	Not Applicable

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

6. Name and Address of Current Registered Agent GREENE, ROBERT F ESQ 1301 SIXTH AVENUE WEST, STE. 400 BRADENTON, FL 34205	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align:right"> FL Zip Code </div>
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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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M05000000723	STREET ADDRESS	
NAME	CLP MANAGEMENT LLC	CITY-ST-ZIP	BLT
STREET ADDRESS	191 W. NATIONWIDE BLVD., STE. 200		
CITY-ST-ZIP	COLUMBUS, OH 43215		
DOCUMENT #	M05000000936	STREET ADDRESS	
NAME	CLP PARTNER LLC	CITY-ST-ZIP	800106489568 07/20/07 01033 006 **500.00
STREET ADDRESS	1498 ROOSEVELT AVE., STE. 201		
CITY-ST-ZIP	GUAYNABO PUERTO RICO 00968, XX		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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 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 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** **APRIL 23, 2007** **614-228-5331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SAMPLE CHECK HERE