


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

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

|  |  |   |
|--|--|---|
| <b>DOCUMENT # B98000000159</b>                                 |  |  |
| 1. Entity Name<br><b>CASTO WINTER PARK LIMITED PARTNERSHIP</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>191 W. NATIONWIDE BLVD<br/> SUITE 200<br/> COLUMBUS, OH 43215-2568</b> | Mailing Address<br><b>191 W. NATIONWIDE BLVD<br/> SUITE 200<br/> COLUMBUS, OH 43215-2568</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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<br><b>31-1605538</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|---|

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>SNIVELY, STEPHEN W<br/> C/O HOLLAND &amp; KNIGHT<br/> 200 SOUTH ORANGE AVE., SUITE 2600<br/> ORLANDO, FL 32801</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><br>City <b>FL</b> 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. <b>\$0.00</b> | 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 #                      | F97000003923                      | STREET ADDRESS           |  |
| NAME                            | CASTO WINTER PARK CORPORATION     | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 191 W NATIONWIDE BLVD., SUITE 200 |                          |  |
| CITY-ST-ZIP                     | COLUMBUS, OH 432152568            |                          |  |
| DOCUMENT #                      |                                   | STREET ADDRESS           |  |
| NAME                            |                                   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                   |                          |  |
| CITY-ST-ZIP                     |                                   |                          |  |
| DOCUMENT #                      |                                   | STREET ADDRESS           |  |
| NAME                            |                                   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                   |                          |  |
| CITY-ST-ZIP                     |                                   |                          |  |
| DOCUMENT #                      |                                   | STREET ADDRESS           |  |
| NAME                            |                                   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                   |                          |  |
| CITY-ST-ZIP                     |                                   |                          |  |
| DOCUMENT #                      |                                   | STREET ADDRESS           |  |
| NAME                            |                                   | 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**    4/27/04    604-237-4214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #

STAPLE CHECK HERE