



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005.

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # B98000000159 1. Entity Name CASTO WINTER PARK LIMITED PARTNERSHIP					
Principal Place of Business 191 W. NATIONWIDE BLVD SUITE 200 COLUMBUS, OH 43215-2568			Mailing Address 191 W. NATIONWIDE BLVD SUITE 200 COLUMBUS, OH 43215-2568		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 31-1605538	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SNIVELY, STEPHEN W C/O HOLLAND & KNIGHT 200 SOUTH ORANGE AVE., SUITE 2600 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00			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			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		
CITY-ST-ZIP	COLUMBUS, OH 432152568		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			Frank S. Benson III April 28, 2005 614-228-5331		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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