2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

B9800000159 **DOCUMENT #**

1. Entity Name
CASTO WINTER PARK LIMITED PARTNERSHIP



FILED

MAY -6 PM 1:30 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business C/O DON, M. CASTO ORGANIZATION 209 EAST STATE STREET COLUMBUS OH 43215 2. Principal Place of Business 191 W NATIONWIDE BLVD			Mailing Address C/O DON M. CASTO ORGANIZATION 209 EAST STATE STREET COLUMBUS OH 43215 3. Mailing Address 191 W NATIONWIDE BLVD			TALLAMASSEE, FLORIDA
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
SUITE 200			SUITE 2000			DUE BY MAY 1, 2003
City & State COLUMBUS, OH			City & State COLUMBUS, OH			4. FEI Number 31-1605538 Applied For Not Applicable
Zip Country			Zip Country		ntry	\$9.75 Additional
43215-2568			43215-2568		<u>,</u>	Fee Required
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent
SNIVELY, STEPHEN W C/O HOLLAND & KNIGHT			Street Addres			Address (P.O. Box Number is Not Acceptable)
200 SOUT	TH ORANG	E AVE., SUITE 2600				
ORLANDO FL 32801					City	⊏
				٠		FL
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.						
9. Capital Contributions \$0.00 10. Amount of Capital					Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE	
as shown on record. In FLORIDA to date: SEE REVERSE SIDE FOR FEE INFORMATION						
A GENERAL PARTNER THAT IS A SUSINESS 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 # NAME	F97000003923 CASTO WINTER PARK CORPORATION				ET ADDRESS 101 LI NATIONUIDE BLUD CHITE 200	
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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:

REQUIDINM. CASTO, III

Daytime Phone #