2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90057 020 ****50.00

DOCUMENT # L01000007468

1. Entity Name
CASTO-ZENITH VENTURE, LLC

Principal Place of Business	Mailing Address
C/O CASTO SOUTHEAST, LLC 401 NORTH CATTLEMEN RD., STE. 108 SARASOTA, FL 34232	C/O CASTO SOUTHEAST, LLC 401 NORTH CATTLEMEN RD., STE. 108 SARASOTA, FL 34232
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

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 58-2621766 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREEN, ROBERT F GREEN & SCHERMER 1301 SIXTH AVE. WEST, STE. 400 BRADENTON, FL 34205	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZENITH INSURANCE COMPANY 21255 CALIFA STREET WOODLAND HILLS, CA 91367	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLP/SPF HOLDING COMPANY II, LLC 191 W. NATIONWIDE BLVD, SUITE 200 COLUMBUS, OHIO 43215	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASVAK-ZENITH, LLC 401 N CATTLEMEN RD STE 108 SARASOTA, FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLP/SPF HOLDING COMPANY I, LLC 191 W. NATIONWIDE BLVD, SUITE 200 COLUMBUS, OHIO 43215	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Don M. Casto, III 4-23-07 614-228-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #