2008 LIMITED LIABILITY COM
ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

04112008 No Chg-LLC CR2E083 (12/07)

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

GREEN, ROBERT F
GREEN & SCHERMER
1301 SIXTH AVE. WEST, STE. 400
BRADENTON, FL 34205

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000914023
05/08/08-80040-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CLP/SPF HOLDING COMPANY II, LLC
STREET ADDRESS	191 W NATIONWIDE BLVD STE 200
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	MGRM
NAME	CLP/SPF HOLDING COMPANY I, LLC
STREET ADDRESS	191 W NATIONWIDE BLVD STE 200
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ DONALD M CASTO III 04/18/08 614-228-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #