2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000001284

1. Entity Name
CASTO SOUTHEAST LLC

Principal Place of Business	Mailing Address
401 N CATTLEMEN RD SUITE 108 SARASOTA, FL 34232	401 N CATTLEMEN RD SUITE 108 SARASOTA, FL 34232

DO NOT WRITE IN THIS SPACE

04262005No Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0030841
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, DREW A
401 N CATTLEMEN RD
SUITE 108
SARASOTA, FL 34232

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

Filing Fee is $50.00
Due by May 1, 2005

U00000360554
05/05/05-80036-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CASTO, DON M III
STREET ADDRESS	191 W NATIONWIDE BLVD STE 200
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	MGRM
NAME	BENSON, FRANK S III
STREET ADDRESS	191 W NATIONWIDE BLVD STE 200
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	MGRM
NAME	HUTCHENS, J. BRETT
STREET ADDRESS	191 W NATIONWIDE BLVD STE 200
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	MGRM
NAME	LUKEMAN, PAUL G
STREET ADDRESS	191 W NATIONWIDE BLVD STE 200
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	MGRM
NAME	DUTTON, STEPHEN E
STREET ADDRESS	191 W NATIONWIDE BLVD STE 200
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	MGRM
NAME	MARTIN, ANTHONY A
STREET ADDRESS	191 W NATIONWIDE BLVD STE 200
CITY-ST-ZIP	COLUMBUS, OH 43215

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11. 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 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: _____ Frank S. Benson III April 28, 2005 614-228-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE *Date* *Daytime Phone #*