

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000025464

1. Entity Name
LWR MAIN STREET LLC



Principal Place of Business
401 N. CATTLEMEN ROAD, SUITE 108
SARASOTA, FL 34232

Mailing Address
401 N. CATTLEMEN ROAD, SUITE 108
SARASOTA, FL 34232



04262005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2299922

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENE, ROBERT F ESQ.
1301 SIXTH AVENUE WEST, SUITE 400
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

1000000360526
05/05/05-80036-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CASTO SOUTHEAST LLC
STREET ADDRESS	401 N. CATTLEMEN RD., SUITE 108
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGRM
NAME	LWR-TOWN, LLC
STREET ADDRESS	6215 LORRAINE ROAD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	MGRM
NAME	CASVAK MAIN STREET LLC
STREET ADDRESS	191 W NATIONWIDE BLVD, SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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 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 #