

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2008 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**



04172008 No Chg-LLC

CR2E083 (12/07)

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

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

000000014032
05/08/08-80040-017 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------------|
| TITLE | MGRM |
| NAME | LWR-TOWN, LLC |
| STREET ADDRESS | 14400 COVENANT WY |
| 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 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

04/18/08

614-228-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #