

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000001066**

**1. Entity Name**  
**CASVAK JACKSONVILLE LIMITED COMPANY**



**Principal Place of Business**  
**191 W. NATIONWIDE BLVD.**  
**SUITE 200**  
**COLUMBUS, OH 43215-2568**

**Mailing Address**  
**191 W. NATIONWIDE BLVD.**  
**SUITE 200**  
**COLUMBUS, OH 43215-2568**



04212004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**31-1816030**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**INTRASTATE REGISTERED AGENT CORPORATION**  
**200 S. ORANGE AVE., STE. 2600**  
**ORLANDO, FL 32801**

**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, 2004**

000000166616  
05/05/04-80463-FLR 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGRM**  
**CASBEN LIMITED COMPANY**  
**191 W. NATIONWIDE BLVD, SUITE 200**  
**COLUMBUS, OH 432152568**

**TITLE**  
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**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 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:**

**DON M. CASTO, III**

**4/27/04 614-228-5331**

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

Date

Daytime Phone #