2006 LIMITED LIABILITY COMPANY ANNUAL RÉPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M02000001066

1. Entity Name

CASVAK JACKSONVILLE LIMITED COMPANY



FILED
May 01, 2006 08:00 Al
Secretary of State

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



 \Box

04212006No Chg-LLC

CR2E083 (11/05)

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

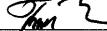
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered	Agent signalure required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006				
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 NAME STREET ADDRESS CITY-ST-ZIP				U00000550243 05/13/06-80051-019 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



FRANK S BENSON, III

APRIL 26, 2006

614-228-5331

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

9

Daytime Phone #