

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000001067

1. Entity Name  
CASBEN 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



04182007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1809063

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENE, ROBERT ESQ.  
1301 SIXTH AVE. WEST, STE. 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, 2007**

U000000738729  
05/11/07-80077-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CASTO, DON M III
STREET ADDRESS	191 W. NATIONWIDE BLVD., SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568

TITLE	
NAME	
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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**

**APRIL 23, 2007 614-228-5331**

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

Date

Daytime Phone #