## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M03000002691

1. Entity Name CASVAK-ZENITH, LLC



FILED

May 01, 2006 08:00 A

Secretary of State

Principal Place of Business

Mailing Address

191 WEST NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 43215

191 WEST NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 43215



04212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0509299 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, ROBERT 1301 SIXTH AVENUE WEST, SUITE 400 BRADENTON, FL

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BRADENTON, FL		IN THIS SPACE	
8. The above the obligat	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and tide if applicable	(NOTE, Registered Agent signature requi	gred when reinstaling) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASBEN LIMITED COMPANY 191 WEST NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 43215		U00000550249 05/13/06-80051-021 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Jus Z

FRANK S BENSON, III

APRIL 26, 2006

614-228-5331

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

Date

Daylime Phone #