

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000004492

1. Entity Name
 CASVAK RIVER CLUB LLC



Principal Place of Business
 191 WEST NATIONWIDE BOULEVARD STE. 200
 COLUMBUS, OH 43215

Mailing Address
 191 WEST NATIONWIDE BOULEVARD STE. 200
 COLUMBUS, OH 43215



04262005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 03-0509273

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

BAXTER, MARY P
 401 NORTH CATTLEMEN ROAD STE. 108
 SARASOTA, FL 34232

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, 2005

U00000380519
 05/05/05-80036-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CASBEN LIMITED COMPANY
STREET ADDRESS	191 WEST NATIONWIDE BOULEVARD STE. 200
CITY - ST - ZIP	COLUMBUS, OH 43215

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 exemption stated in Section 119.07(3)(f), 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 28, 2005 614-228-5331

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

Date

Daytime Phone #