


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M04000004492 1. Entity Name CASVAK RIVER CLUB LLC	
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Principal Place of Business 191 WEST NATIONWIDE BOULEVARD STE. 200 COLUMBUS, OH 43215	Mailing Address 191 WEST NATIONWIDE BOULEVARD STE. 200 COLUMBUS, OH 43215
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**DO NOT WRITE IN THIS SPACE**



04112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 03-0509273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

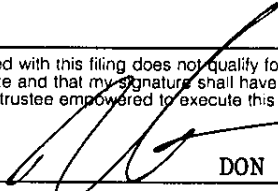
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CASBEN LIMITED COMPANY 191 WEST NATIONWIDE BOULEVARD STE. 200 COLUMBUS, OH 43215
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U00000932756  
 05/22/08-80067-017 138.75

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 04/24/08 614-228-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #