

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVED  
AND  
FILED

04 MAY -4 PM 5:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A22016**

1. Entity Name  
**MOP PARTNERSHIP, LTD.**



Principal Place of Business  
**191 W. NATIONWIDE BLVD  
SUITE 200  
COLUMBUS, OH 43215**

Mailing Address  
**191 W. NATIONWIDE BLVD  
SUITE 200  
COLUMBUS, OH 43215**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**31-1203476**

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PADUCH, GARY F.  
321 OLEANDER WAY  
CASSELBERRY, FL 32707**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

DATE

9. Capital Contributions  
as Shown on record. **\$25.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PADUCH, GARY F.  
321 OLEANDER WAY  
CASSELBERRY, FL 32707**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MCCARTHY, KEVIN W.  
120 UNIVERSITY PARK DR.  
WINTER PARK, FL**

STREET ADDRESS  
CITY-ST-ZIP  
**1800 SUNSET DRIVE  
WINTER PARK, FL 32789**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**J35079  
GRE SO FLA, INC.  
191 W. NATIONWIDE BLVD  
COLUMBUS, OH 43215**

STREET ADDRESS  
CITY-ST-ZIP

**700036545177  
05/18/04--01032--017 \*\*141.25**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**DON M. CASTO, III**

**4/27/04**

**614-228-5331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE