

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**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**



04212006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1203476**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MCCARTHY, KEVIN W.  
1800 SUNSET DR  
WINTER PARK, FL 32789**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000555001  
05/16/06-80015-021 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:**

**FRANK S BENSON, III**

**APRIL 26, 2006**

**614-228-5331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE