

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

APPROVED  
AND  
FILED

04 MAY -4 PM 5:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A25065**

1. Entity Name  
**FLORACENTERS LIMITED PARTNERSHIP**



Principal Place of Business  
**191 W. NATIONWIDE BLVD  
SUITE 200  
COLUMBUS, OH 43215-2568**

Mailing Address  
**191 W. NATIONWIDE BLVD  
SUITE 200  
COLUMBUS, OH 43215-2568**



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  
**31-1203475**

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. **\$5.00**

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 # **H66818**  
NAME **FLORACENTERS, INC.**  
STREET ADDRESS **191 W. NATIONWIDE BLVD**  
CITY-ST-ZIP **COLUMBUS, OH 432152568**

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

**1800 SUNSET DRIVE  
WINTER PARK , FL 32789**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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**

**614-238-5331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE