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

DOCUMENT # A25065

1. Entity Name
FLORACENTER'S LIMITED PARTNERSHIP



APPROYE! AND FILED

04 MAY -4 PM 5: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 Chg-LP CR2E003 (10/03)	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			)
Chy & State  Country  Street Address of State Desired  State Desired  State Address of New Registered Agent  Name  Name  Name  Name  Name  Street Address of New Registered Agent  City  FL Zip Code  C	2. Principal Place of Business		3. Mailing Address			
Zip Country Zip Country S. Certificiae of Status Desired Status De	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04212004 Chg-LP CR2E003 (10/03)
### Country   Zip   Country   St. Certificate of Status Desired   \$8.75 Autotional Fee Required   \$1.000   \$1.0	City & State		City & State			
PADUCH, GARY F. 321 OLEANDER WAY CASSELBERRY, FL 32707  City FL Zip Code  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and acc the obligations of registered agent.  SIGNATURE  9. Capital Contributions shown in the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and acc the obligations of registered agent.  SIGNATURE  9. Capital Contributions in PLOPE of printed trained as shown on record.  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and acc the obligations of registered agent.  SIGNATURE  9. Capital Contributions in PLOPE of printed from a familiar in the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and acc the first purpose of registered agent.  SIGNATURE  9. Capital Contributions in FLORIDA to date.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  OTHER REGISTERED AND ACTIVE WITH THIS OFFICE.  SIRET ADDRESS  OTHER REGISTERED AND ACTIVE WITH THIS OFFICE.  ADDRESS CHANGES ONLY  12. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY  13. ADDRESS CHANGES ONLY  14. ADDRESS CHANGES ONLY  15. ADDRESS CHANGES ONLY  15. ADDRESS CHANGES ONLY  16. STREET ADDRESS  18. OUT - 51-2P  16. STREET ADDRESS  17. STREET ADDRESS  18. OUT - 51-2P  16. STREET ADDRESS  17. STREET ADDRESS  18. OUT - 51-2P  16. STREET ADDRESS  17. STREET ADDRESS  18. OUT - 51-2P  16. STREET ADDRESS  17. STREET ADDRESS  18.	Zip	Country	Zip	Country		5 Certificate of Status Desired S8.75 Additional
PADUCH, GARY F 321 OLEANDER WAY CASSELBERRY, FL 32707  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 acc the obligations of registered agent, which are obligations of registered agent.  SIGNATURE  9. Capital Contributions as Shown on record.  5. C. A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY  DOUBLENT H06818 . STREET AUDRESS . OS./18/04 0.1032 0.23 **1.41.25  CITY-ST-2P  COLUMBUS, OH 432192668 . STREET AUDRESS . OS./18/04 0.1032 0.23 **1.41.25  CITY-ST-2P  COLUMBUS, OH 432192668 . STREET AUDRESS . OS./18/04 0.1032 0.23 **1.41.25  SIRRET AUDRESS . OS./18/04 0.1032 0.23 **1.41.25  SIRRET AUDRESS . OS./18/04 0.1032 0.23 **1.41.25  CITY-ST-2P  COLUMBUS, OH 432192668 . STREET AUDRESS . OS./18/04 0.1032 0.23 **1.41.25  SIRRET AUDRESS . OS.		6. Name and Address of Current	Registered Agent	<del>-</del> \		
8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent.    Signature   Sign	321 OLEANDER WAY				Name	
The obligations of registered agent.  SIGNATURE  9. Capital Contributions as Shown on record.  9. Capital Contributions as Shown on record.  9. Capital Contributions as Shown on record.  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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  OFFICE ADDRESS CHANGES ONLY  OFFICE ADDRESS CHANGES ONLY  OFFICE ADDRESS CHANGES ONLY  OFFICE ADDRESS CHANGES ONLY  STREET ADDRESS CHANGES ONLY  OFFICE A			-	City	. FL Zip Code	
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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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  H66818  FLORACENTERS, INC.  SINEET ADDRESS  OCCUMENT / 191 W. NATIONWIDE BLVD  COLUMBUS, OH 432152568  DOCUMENT / NAME  PADUCH, GARY F.  321 OLEANDER WAY  CASSELBERRY, FL 32707  CASSELBERRY, FL 32707  DOCUMENT / NAME  MCCARTHY, KEVIN W.  SINEET ADDRESS  CITY-ST-2P  DOCUMENT / NAME  CITY-ST-2P  DOCUMENT / NAME  CITY-ST-2P  DOCUMENT / NAME  CITY-ST-2P  DOCUMENT / NAME  SIREET ADDRESS  CITY-ST-2P  CITY-ST-2P  DOCUMENT / NAME  SIREET ADDRESS  CITY-ST-2P  CITY-ST-2P  DOCUMENT / NAME  SIREET ADDRESS  CITY-ST-2P  DOCUMENT / NAME  SIREET ADDRESS  CITY-ST-2P  DOCUMENT / NAME  SIREET ADDRESS  CITY-ST-2P  CITY-ST-2P  DOCUMENT / NAME	SIGNATURE	lignature, typed or printed harne of registered agent	and title if applicable.			DATE
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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 informatic 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 partnersh the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	CITY-ST-ZIP	:				<u>.</u>
	14. I hereby ce indicated o the receive	rtify that the information supplied with in this report is true and accurate and ir or trustee empowered to execute the A	n this filing does not qualify f I that my signature shall have is required by Cha	for the exen ve the same apter 620, F	nption stated legal effect a lorida Statute	in Section 119.07(3)(i), Florida Statutes. I further certify that the informations if made under eath; that I am a General Partner of the limited partnerships.