

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

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.

04262005 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 #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

H66818
FLORACENTERS, INC.
191 W. NATIONWIDE BLVD
COLUMBUS, OH 432152568

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

000000367100
05/16/05-80021-008 141.25

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MCCARTHY, KEVIN W.
1800 SUNSET DR
WINTER PARK, FL 32789

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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)(f), 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

Frank S. Benson III

April 28, 2005

614-228-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE