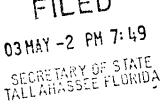
FILED

Applied For Not Applicable

Zip Code





2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A25065 **DOCUMENT #**

1. Entity Name

FLORACENTERS LIMITED PARTNERSHIP

Principal Place of Business 209 EAST STATE STREET COLUMBUS OH 43215

Mailing Address 209 EAST STATE STREET COLUMBUS OH 43215

2. Principal Place of Business		3. Mailing Address	TITLE DIVID) (BEIDH 1910)(BBI BIN) BBIN BING BING BING BING BIRK BIRK BIRK BIRK BIRK BIRK	
191 W NATIONWIDE BLVD		191 W NATION	MATAR READ		
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200		DUE BY MAY 1, 2003	
City & State COLUMBUS, OH		City & State COLUMBUS, OH		4. FEI Number 31-1203475	Applied I Not Appl
Zip 43215-2568	Country	Zip 43215-2568	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			Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)	
CASSELBERRY FL 3	2707				

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8.	The above named entity submits this statement for the purpose of changing its registered	ed office or registered agent, or both, in the State of Flo	orida. I am familiar with, and accept
	the obligations of registered agent.	,	

City

SIGNATURE		
	Signature, typed or printed name of registered agent and title if applica	ble.

9. Capital Contributions \$5.00 as Shown on record.

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	H66818 FLORACENTERS, INC.	STREET ADDRESS	H66818 191 W NATIONWEDE BLVD, SUITE 200
STREET ADDRESS CITY-ST-ZIP	209 EAST STATE STREET COLUMBUS OH	CITY-ST-ZIP	COLUMBUS, OH 43215-2568
DOCUMENT # NAME	PADUCH, GARY F.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	321 OLEANDER WAY CASSELBERRY FL 32707	CITY-ST-ZIP	05/02/0301047023 **141.25
DOCUMENT # NAME	MCCARTHY, KEVIN W.	STREET ADDRESS	
	120 UNIVERSITY PARK DR. WINTER PARK FL	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	`
DOCUMENT # NAME	-	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	·	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:

SIAFLE CHEON HERE

ฦฦๅออญM. CASTO, III SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #