
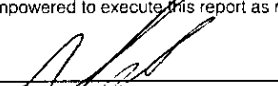


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 MAY -4 PM 5:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A27032 1. Entity Name MAGNOLIA LAYNE LTD.					
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1266052	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PADUCH, GARY F. 321 OLEANDER WAY CASTLEBERRY, FL 32707				7. Name and Address of New Registered Agent Name PADUCH, GARY F. Street Address (P.O. Box Number is Not Acceptable) 321 OLEANDER WAY City CASSELBERRY FL Zip Code 32707	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record: \$20.00		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	M77032 GREEN COVE CO. 191 W. NATIONWIDE BLVD COLUMBUS, OH 432152568		STREET ADDRESS CITY-ST-ZIP	500036552845 05/10/04 01005 013 **141.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PADUCH, GARY F. 321 OLEANDER WAY CASTLEBERRY, FL 32707		STREET ADDRESS CITY-ST-ZIP	321 OLEANDER WAY CASSELBERRY, FL 32707	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCCARTHY, KEVIN W. 120 UNIVERSITY PARK DR. WINTER PARK, FL.,		STREET ADDRESS CITY-ST-ZIP	1800 SUNSET DRIVE WINTER PARK, FL 32789	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	"		STREET ADDRESS CITY-ST-ZIP	"	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	"		STREET ADDRESS CITY-ST-ZIP	"	
DOCUMENT # NAME STREET ADDRESS 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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date 4/27/04		
Daytime Phone #			614-228-5331		

STAPLE CHECK HERE