

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001977 MB

DOCUMENT # A27032

1. Entity Name
MAGNOLIA LAYNE LTD.



FILED

03 MAY -2 PM 7:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAJH

Principal Place of Business
209 EAST STATE ST.
COLUMBUS OH 43215

Mailing Address
209 EAST STATE ST.
COLUMBUS OH 43215



2. Principal Place of Business
191 W NATIONWIDE BLVD

3. Mailing Address
191 W NATIONWIDE BLVD

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 31-1266052

Applied For

Not Applicable

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
CASTLEBERRY 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. \$20.00

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 # M77032
NAME GREEN COVE CO.
STREET ADDRESS 209 EAST STATE ST.
CITY-ST-ZIP COLUMBUS, OHIO 43215

STREET ADDRESS 191 W NATIONWIDE BLVD, SUITE 200
CITY-ST-ZIP COLUMBUS, OH 43215-2568

DOCUMENT #
NAME PADUCH, GARY F.
STREET ADDRESS 321 OLEANDER WAY
CITY-ST-ZIP CASTLEBERRY 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED DON M. CASTO, III

4/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE