


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jun 14, 2004 08:00 AM
Secretary of State

DOCUMENT # B96000000481 1. Entity Name COLUMBUS EXPLORATION LIMITED PARTNERSHIP		
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Principal Place of Business 1200 POGY PLACE FERNANDINA BEACH, FL 32034	Mailing Address 433 W. 6TH AVE. COLUMBUS, OH 43201
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2. Principal Place of Business		3. Mailing Address	
Suite/Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04282004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3022670	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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7. Name and Address of New Registered Agent

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	DATE
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9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F96000006567	STREET ADDRESS	
NAME	OMINI ENGINEERING, INC.	CITY-ST-ZIP	
STREET ADDRESS	5101 N. A1A		
CITY-ST-ZIP	FT. PIERCE, FL		
DOCUMENT #		STREET ADDRESS	U00000162582
NAME		CITY-ST-ZIP	06/16/04-80001-006 526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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)(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: <i>x P. L. Thompson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date: <i>6/7/04</i> Date	Daytime Phone # Daytime Phone #
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