


2001 UNIFORM BUSINESS REPORT (UBR)

0018371 AF

DOCUMENT # A12503
 1. Entity Name
SUNBELT MANOR ASSOCIATES, A LIMITED PARTNERSHIP

FILED
 01 MAY 14 AM 9:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: P.O. BOX 40177, INDIANAPOLIS IN 46260
 Mailing Address: P.O. BOX 40177, INDIANAPOLIS IN 46260

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2202771** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE Eugene B Glick (Signed by Wrong Space per)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$550,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	
NAME	GLICK, EUGENE B
STREET ADDRESS	215 WILLIAMS COURT
CITY-ST-ZIP	INDIANAPOLIS IN
DOCUMENT #	
NAME	GLICK, MARILYN K
STREET ADDRESS	215 WILLIAMS COURT
CITY-ST-ZIP	INDIANAPOLIS IN
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500004416755--4
CITY-ST-ZIP	-06/13/01--01006--022
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: Eugene B Glick 5/10/01 317-469-0400
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #

CR2E003 (11/00)