

Thursday, April 29, 2004 12:29 PM

FILED

P.

APR 29 2004 09:05 317-469-8142 GENE GLICK
2004 LIMITED PARTNERSHIP ANNUAL REPORT (AH)
DUE BY MAY 1, 2004

May 04, 2004 08:00 AM
Secretary of State

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



Principal Place of Business 8330 WOODFIELD CROSSING BLVD., SUITE P.O. BOX 40177 INDIANAPOLIS IN 46240	Mailing Address 8330 WOODFIELD CROSSING BLVD., SUITE P.O. BOX 40177 INDIANAPOLIS IN 46240
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MOORE CR2E003 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2202771	Applied For <input type="checkbox"/> 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 CT 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 \$560,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NAME	STREET ADDRESS	
NAME	GLICK, EUGENE B	CITY - ST - ZIP	
STREET ADDRESS	215 WILLIAMS COURT		
CITY - ST - ZIP	INDIANAPOLIS IN		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	GLICK, MARILYN K	CITY - ST - ZIP	1100000159368
STREET ADDRESS	215 WILLIAMS COURT		05/10/04-80026-024 526.25
CITY - ST - ZIP	INDIANAPOLIS IN		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

STATE OF FLORIDA, TALLAHASSEE

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>Eugene B. Glick</i>	Eugene B. Glick	4/29/04	(317)469-0400
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