


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

DOCUMENT # A12503

1. Entity Name
SUNBELT MANOR ASSOCIATES, A LIMITED PARTNERSHIP



FILED

2005 MAR -7 P 1:25

Principal Place of Business
~~8330 WOODFIELD CROSSING BLVD., SUITE 200~~
~~P.O. BOX 40177~~
INDIANAPOLIS, IN 46240

Mailing Address
~~8330 WOODFIELD CROSSING BLVD., SUITE 200~~
P.O. BOX 40177
INDIANAPOLIS, IN 46240

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
8425 Woodfield Crossing Blvd

3. Mailing Address

Suite, Apt. #, etc.
300 W

Suite, Apt. #, etc.

02212005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
59-2202771

Applied For
 Not Applicable

Zip Country Zip Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. Amount of Capital Contributions in FLORIDA to date. **9526025**

**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 #	GLICK, EUGENE B 215 WILLIAMS COURT INDIANAPOLIS, IN	STREET ADDRESS	46260
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	GLICK, MARILYN K 215 WILLIAMS COURT INDIANAPOLIS, IN	STREET ADDRESS	46260
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400048121824 03/10/05--01007--019 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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* **Eugene B Glick** *3/28/05* **317-469-0400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #