


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A12503</b> 1. Entity Name SUNBELT MANOR ASSOCIATES, A LIMITED PARTNERSHIP	
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Principal Place of Business 8425 WOODFIELD CROSSING BLVD. #300W INDIANAPOLIS, IN 46240	Mailing Address P.O. BOX 40177 INDIANAPOLIS, IN 46240
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**DO NOT WRITE IN THIS SPACE**



04162008 No Chg-LP	CR2E003 (12/06)
4. FEI Number 59-2202771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

000000907993  
 09/06/08-80012-007 500.00

**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 STREET ADDRESS CITY - ST - ZIP	GLICK, EUGENE B 215 WILLIAMS COURT INDIANAPOLIS, IN 46260
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GLICK, MARILYN K 215 WILLIAMS COUT INDIANAPOLIS, IN 46260
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**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **David O. Barrett** 317-469-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Eugene B. Glick by David O. Barrett, Attorney in Fact pursuant to Power of Attorney Executed January 15, 2008, and recorded in the Office of the Marion County, Indiana