

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A12503


1. Entity Name
SUNBELT MANOR ASSOCIATES, A LIMITED PARTNERSHIP



FILED

03 APR 18 2003 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-2202771	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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.	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 GLICK, EUGENE B	STREET ADDRESS	
	STREET ADDRESS 215 WILLIAMS COURT	CITY-ST-ZIP	
	CITY-ST-ZIP INDIANAPOLIS IN		
DOCUMENT #	NAME GLICK, MARILYN K	STREET ADDRESS	
	STREET ADDRESS 215 WILLIAMS COURT	CITY-ST-ZIP	
	CITY-ST-ZIP INDIANAPOLIS IN		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
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	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		

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04/18/03-01033-021 **141.25

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: SIGNATURE REQUIRED *[Signature]* 4/9/03 469-0400

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

STAPLE CHECK HERE

CR2E003 (10/02)