

2001 UNIFORM BUSINESS REPORT (UBR)

0016544 AF

DOCUMENT # B00000000262

1. Entity Name

FORT MYERS METRO 502, LP

FILED

Handwritten mark

Principal Place of Business

201 NORTH ILLINOIS STREET, 23RD FLOOR
INDIANAPOLIS IN 46204

Mailing Address

201 NORTH ILLINOIS STREET, 23RD FLOOR
INDIANAPOLIS IN 46204

01 APR 16 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13271 METRO PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

4. FEI Number

35-2115533

Applied For

Not Applicable

Zip

33912

Country

UNITED STATES

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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.

\$99.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$99.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F00000004817
NAME FORT MYERS METRO 502 MANAGEMENT, INC.
STREET ADDRESS 201 NORTH ILLINOIS STREET, 23RD FLOOR
CITY-ST-ZIP INDIANAPOLIS IN 46204

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

Signature of Joyce A. Bradley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Joyce A. Bradley

4/9/01
Date

317-237-2900
Daytime Phone #

CR2E003 (11/00)