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<i>-</i> 2002	UNIFORM	BUSINESS	REPORT	(UBR)

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DOCU	MENT	# B0000	0000262						
FORT MYERS METRO 502, LP					\$ \$				FILED
Principal Plac	co of Business		Mailing Address		<u> </u>			UZ APR	19 PM 1:39
Principal Place of Business Mailing Address 13271 METRO PARKWAY 201 NORTH ILLINOIS STRE			DIS STREET, 231	EET. 23RD FLOOR			SECRE T	ADV on one	
FT. MYERS F			INDIANAPOLIS IN 4			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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2. Principal Place of Business 3. Mailing Address									
2. Findipar Flace of Busiless		or maining receives	. Maling Address						
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2002		
City & Stat	te	· · · · · · · · · · · · · · · · · · ·	City & State	City & State			4. FEI Number 35-2115533 Applied For Not Applicable		
Zip		Country	Zip	· 1			5 Certificate of Status Desired S8.75 Additional		\$8.75 Additional Fee Required
	6. Name	and Address of Current F	l Registered Agent				7. Name and A	ddress of New Registered	<u> </u>
0.7.000	DODATION (Worre			Name				
	PORATION (Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				:					
					City			F	Zip Code
8 The above	named entity	submits this statement for	the nurnose of chang	ing its register	ed office or r	edistari	ad acout, or both		- '
•• •••	o named emity	Submits this statement for	the purpose of chang	ing its register	ea onice or r	e Aisrei	ed agent, or both	in the State of Florida.	
SIGNATURE	Signature, typed o	or printed name of registered agent ar	nd title if applicable.		:			DATE	
9. Capital Co		\$99.00		Capital Contril	butions,		20	11. MAKE CHECK PAYAB	
as Shown			in FLORID			\$99.00 SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE.			
	NOTE:	General Partners MA	/ NOT be changed	on the form	; an amen	dmen	t must be filed	to change a general pa	artner.
12. DOCUMENT#	F00000004	GENERAL PARTNER	INFORMATION	13.				ADDRESS CHANGES OF	NLY :
NAME	FORT MYE	RS METRO 502 MANA		STRE	ET ADDRESS				ΔΙ
STREET ADDRESS CITY-ST-ZIP		H ILLINOIS STREET, 23 DLIS IN 46204	RD FLOOR	CITY	-ST-ZIP				7 4 653
DOCUMENT #	HIDIATA	700 114 40204		OT DE	T IDDRESS				
NAME				STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		<u>~</u>			
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i i nereby c	Sorting trial title	imormation supplied with t	me muñ goes uot dra	iny for the exer	ribrioù stated	тш 260	λιοπ ττ 9. υ/(3)(i),	Florida Statutes. I further ce	ruly 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIES ASSAL SUC. Date

(317) 237- 2900 Daytime Phone #