


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B00000000262</b>	
1. Entity Name FORT MYERS METRO 502, LP	

Principal Place of Business 13271 METRO PARKWAY FT. MYERS, FL 33912	Mailing Address 201 NORTH ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02272004 Chg-LP CR2E003 (10/03)

4. FEI Number 35-2115533	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>5. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <b>\$99.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>99.00</b>	<b>141.25</b>
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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 #	F00000004817	STREET ADDRESS	
NAME	FORT MYERS METRO 502 MANAGEMENT, INC.	CITY-ST-ZIP	000000120544
STREET ADDRESS	201 NORTH ILLINOIS STREET, 23RD FLOOR		04/20/04-80014-015 141.25
CITY-ST-ZIP	INDIANAPOLIS, IN 46204		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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:** *Joyce A. Bradley* **Ft. Myers Metro 502 Mgmt Co** **3/11/04** **237-2900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE