


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # B00000000262		
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	Zip	Country



02232005 Chg-LP CR2E003 (10/03)

4. FEI Number 35-2115533	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T 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	
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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 _____
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9. Capital Contributions as Shown on record. \$99.00	10. Amount of Capital Contributions in FLORIDA to date. \$99.00	\$141.25
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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	
STREET ADDRESS	201 NORTH ILLINOIS STREET, 23RD FLOOR		
CITY-ST-ZIP	INDIANAPOLIS, IN 46204		
DOCUMENT #		STREET ADDRESS	U000000267803
NAME		CITY-ST-ZIP	03/18/05-B0012-007 141.25
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: <i>Joyce A. Bradley</i>	By: <i>Joyce A. Bradley</i>	Date: <i>3/3/05</i>	Daytime Phone #: <i>(817) 237-2900</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Asst. Sec.</i>			

STAPLE: CHECK HERE