

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 06, 2006 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**



02072006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-2115533**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

**1100000455741**  
**03/15/06-80070-020 500.00**  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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**

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

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**

Date

**2/14/06**

Daytime Phone #

**(317) 237-2900**

*Joyce A. Bradley Asst. Sec.*

STAPLE CHECK HERE