


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 20 AM 11:27

DOCUMENT # B00000000262 1. Entity Name FORT MYERS METRO 502, LP	
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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 - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 117 E. WASHINGTON STREET Suite, Apt. #, etc.
City & State	City & State INDIANAPOLIS, IN
Zip Country	Zip 46254 Country



03012008 Chg-LP CR2E003 (12/06)

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	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 117 E. WASHINGTON STREET CITY-ST-ZIP INDIANAPOLIS, IN 46254
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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 / Asst. Sec. 3/10/08 237-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #