

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

DOCUMENT # B00000000262		
1. Entity Name FORT MYERS METRO 502, LP		

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 20 AM 11: 27

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 #	3. Mailing Address 117 E. WASHINGTON STREET
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03012008 Chg-LP CR2E003 (12/06)

City & State		City & State INDIANAPOLIS, IN	
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4. FEI Number 35-2115533	Applied For Not Applicable
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Zip	Country	Zip 46254	Country
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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	7. Name and Address of New Registered Agent
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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Name	City	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

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

DATE

**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	STREET ADDRESS	117 E. WASHINGTON STREET
NAME	FORT MYERS METRO 502 MANAGEMENT, INC.	CITY-ST-ZIP	INDIANAPOLIS, IN 46254
STREET ADDRESS	201 NORTH ILLINOIS STREET, 23RD FLOOR		
CITY-ST-ZIP	INDIANAPOLIS, IN 46204		
DOCUMENT #		STREET ADDRESS	400120815644
NAME		CITY-ST-ZIP	03/20/08-01022--008 **\$500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 / FMY 502 Mgt Joyce A. Bradley* 3/10/08

(317)  
237-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Asst. Sec. Date Day/Time Phone #