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03 APR 30 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # B01000000171</b>			
1. Entity Name <b>FELICAN VILLAGE, LP</b>			
Principal Place of Business 201 N. ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204-1950		Mailing Address 201 N. ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204-1950	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>24830 S. TAMIAMI TRAIL</b>		Suite, Apt. #, etc.	
City & State <b>BONITA SPRINGS, FL</b>		City & State	
Zip <b>34134</b>		Country	
4. FEI Number <b>35-2139512</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____	
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>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> 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 / NAME	FD1000002616 PELICAN VILLAGE MANAGEMENT, INC.	STREET ADDRESS	<del>04/30/03-01117-022</del> **11.25
STREET ADDRESS	201 N. ILLINOIS STREET, 23RD FLOOR	CITY - ST - ZIP	
CITY - ST - ZIP	INDIANAPOLIS, IN 462041960	STREET ADDRESS	50001751878
DOCUMENT / NAME		CITY - ST - ZIP	04/30/03--01117--022 **11.25
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
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>		DATE <b>4/8/03</b> (317)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone # <b>237-2900</b>	

STAPLE CHECK HERE

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