

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # B01000000389**

1. Entity Name  
**NAPLES FALLING WATERS 504, LP**



**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**04 APR 15 PM 3:48**

Principal Place of Business  
**6810 COLLIER BLVD.**  
**NAPLES, FL 34114**

Mailing Address  
**6810 COLLIER BLVD.**  
**NAPLES, FL 34114**

2. Principal Place of Business

3. Mailing Address  
**201 N. ILLINOIS ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**SUITE 2300**

City & State

City & State  
**INDIANAPOLIS, IN**

Zip

Country

Zip  
**46204**

Country  
**USA**

02142004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**35-2154622**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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

**FL**

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

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

DATE

9. Capital Contributions  
 as Shown on record. **\$500.00**

10. Amount of Capital Contributions  
 in FLORIDA to date. **500.**

**141.25**

**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 # **F01000005938**  
 NAME **NAPLES FALLING WATERS 504 MANAGEMENT, INC.**  
 STREET ADDRESS **201 NORTH ILLINOIS STREET, 23RD FLOOR**  
 CITY-ST-ZIP **INDIANAPOLIS, IN 46204**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Naples Falling Waters 504 Mgmt Co.*

*By Joyce A. Bradley*

Date

**3/19/04**

Daytime Phone #

**(817)**

**237-2900**

STAPLE CHECK HERE