2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007.

DOCUMENT # B01000000389

NAPLES FALLING WATERS 504, LP



FILED Mar 07, 2007 08:00 AM Secretary of State

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

Mailing Address 201 N. ILLINOIS ST. STE. 2300 INDIANAPOLIS, IN 46204



02072007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 35-2154622

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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

STATION STATES

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

DATE

FILE NOW!!! FEE |\$ \$500.00 After May 1, 2007, Fee will be \$900.00

U00000658974

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.

GENERAL PARTNER INFORMATION 12. F01000005938 DOCUMENT # NAPLES FALLING WATERS 504 MANAGEMENT, INC. NAME STREET ADDRESS 201 NORTH ILLINOIS STREET, 23RD FLOOR CITY - ST - ZIP INDIANAPOLIS, IN 46204 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY+ST-7IP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

DO NOT WRITE 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:

STREET ADDRESS CITY-ST-ZIP

EGNATURE AND TYPED OR PRINTED NAME OF BIGHING SEMERAL PARTNERS, TOUCH A. Bradley

237 -2900

Aut. Sec.