FILED

03 MAY -7 AM 8:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000389

1. Entity Name
NAPLES FALLING WATERS 504, LP

Principal Place of Business	Mailing Address
201 NORTH ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204	201 NORTH ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204

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MJH

2. Principal Place of Business	3. Mailing Address
6810 COLLIER BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State
Zip: 34114 Country	Zip Country

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. $99.00

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

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	F01000005939	STREET ADDRESS	
NAME	NAPLES FALLING WATERS 504 MANAGEMENT, INC.		
STREET ADDRESS	201 NORTH ILLINOIS STREET, 23RD FLOOR	CITY-ST-ZIP	
CITY-ST-ZIP	INDIANAPOLIS, IN 46204		
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STAPLE CHECK HERE

CR2E003 (10/02)

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: Joyce A. Bradley — Naples Falling Water Mgmt Co / Joyce A Bradley — 3/21/03 — (317) 237-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #