
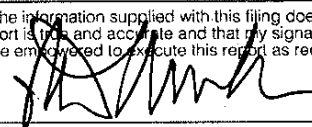


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -7 AM 9:23

DOCUMENT # B98000000139			
1. Entity Name BAYSHORE OF NAPLES, L.P.			
Principal Place of Business 4500 BAYSHORE DRIVE NAPLES, FL 34112		Mailing Address 1720 N KINSER PIKE BLOOMINGTON, IN 47404	
2. Principal Place of Business		3. Mailing Address 400 W. 7 th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 200	
City & State		City & State Bloomington, IN	
Zip	Country	Zip	Country
		47404	
4. FEI Number 35-2039271		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DORAK, PETER 497 HENLEY DR NAPLES, FL 34104		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions: \$1,000,000.00 <small>as Shown on record.</small>		10. Amount of Capital Contributions: \$1,000,000 <small>in FLORIDA to date.</small>	
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 # NAME STREET ADDRESS CITY-ST-ZIP	F98000001273 BAYSHORE OF NAPLES, INC. 1720 N. KINSER PIKE BLOOMINGTON, IN 47404	STREET ADDRESS CITY-ST-ZIP	400 W. 7 th Street, Suite 200 Bloomington, IN 47404
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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: 		Peter Dvorak, Pres. 1/12/04 (812) 331-2400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE