


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90028 050 \*\*\*150.00

**DOCUMENT # F01000005938**

1. Entity Name  
**NAPLES FALLING WATERS 504 MANAGEMENT, INC.**



Principal Place of Business: 201 N. ILLINOIS STREET, 23RD FLOOR, INDIANAPOLIS, IN 46204

Mailing Address: 201 N. ILLINOIS STREET, 23RD FLOOR, INDIANAPOLIS, IN 46204

40034410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**117 E. WASHINGTON STREET**

Suite, Apt. #, etc.

03062008 Chg-P CR2E034 (12/06)

City & State  
**INDIANAPOLIS, IN**

4. FEI Number  
**35-2154598**

Applied For  
 Not Applicable

Zip Country Zip **46204** Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>BROADBENT, GEORGE P</b> <b>201 N. ILLINOIS STREET, 23RD FLOOR</b> <b>INDIANAPOLIS, IN 46204</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>BROADBENT, GEORGE P</b> <b>201 N. ILLINOIS STREET, 23RD FLOOR</b> <b>INDIANAPOLIS, IN 46204</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BRADLEY, JOYCE A</b> <b>201 N. ILLINOIS STREET, 23RD FLOOR</b> <b>INDIANAPOLIS, IN 46204</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>117 E. WASHINGTON STREET</b> <b>INDIANAPOLIS, IN 46204</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>117 E. WASHINGTON STREET</b> <b>INDIANAPOLIS, IN 46204</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce A. Bradley / Joyce A. Bradley Date: 3/12/08 Daytime Phone #: (317) 237-2990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Avot. Sec.