

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAY -1 AM 9:37



DOCUMENT # A00000001907

1. Entity Name  
 ESPLANADE CENTER OF PARK PLACE AT  
 METROWEST, LTD.

Principal Place of Business Mailing Address  
 1768 PARK CENTER DRIVE, #380 1768 PARK CENTER DRIVE, #380  
 ORLANDO, FL 32835 ORLANDO, FL 32835

2. Principal Place of Business 3. Mailing Address  
 1768 Park Center Drive 1768 Park Center Drive

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Suite 400 Suite 400

City & State City & State  
 Orlando, FL Orlando, FL

Zip Country Zip Country  
 32835 USA 32835 USA



04262006 Chg-LP CR2E003 (11/05)

4. FEI Number Applied For  
 59-3686016 Not Applicable

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

6. Name and Address of Current Registered Agent  
 RUSH, RANDOLPH J ESQ.  
 250 PARK AVENUE SOUTH, 5TH FLOOR  
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent  
 Name WHWW, INC.  
 Street Address (P.O. Box Number is Not Acceptable)  
 390 N. Orange Avenue, Suite 1500  
 City Orlando FL Zip Code 32801

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 Agnes M. Vice President DATE 4/28/06

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 # F00000006899  
 NAME ESPLANADE DEVELOPMENT CORP.  
 STREET ADDRESS 1768 PARK CENTER DRIVE, #380  
 CITY-ST-ZIP ORLANDO, FL 32835

STREET ADDRESS 1768 Park Center Drive, Suite 400  
 CITY-ST-ZIP Orlando, FL 32835

DOCUMENT #  
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 CITY-ST-ZIP

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DOCUMENT #  
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STREET ADDRESS 400075286454  
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STREET ADDRESS  
 CITY-ST-ZIP

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: Agnes M. Vice President DATE 4/28/2006 DAYTIME PHONE # 407-294-6400

STAPLE CHECK HERE