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03 SEP 25 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700023346167
09/25/03--01091--011 **5221.00

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A00000001907		
1. Entity Name ESPLANADE CENTER OF PARK PLACE AT METROWEST, LTD.		

Principal Place of Business 1803 PARK CENTER DRIVE, #220 ORLANDO, FL 32835	Mailing Address 1803 PARK CENTER DRIVE, #220 ORLANDO, FL 32835
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2. Principal Place of Business 1768 Park Center Drive	3. Mailing Address 1768 Park Center Dr
Suite, Apt. #, etc. Suite 270	Suite, Apt. #, etc. Suite 270
City & State Orlando, FL	City & State Orlando, FL
Zip	Country



DUE BY MAY 1, 2003	
4. FEI Number 59-3686016	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 RUSH, RANDOLPH J ESQ. 260 PARK AVENUE SOUTH, 6TH FLOOR WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____

9. Capital Contributions as Shown on record. \$990.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 1803 PARK CENTER DRIVE, #220 CITY-ST-ZIP ORLANDO, FL 32835	STREET ADDRESS 1768 Park Center Drive, #270	
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	
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DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	

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 609, Florida Statutes.

SIGNATURE: *David J. Townsend* Date: 9/9/03 Cayman Phone #: 467-294-6400

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