

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
98 DEC 23 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A98000000199**

PARK PLACE AT METROWEST PHASES SIX AND SEVEN,  
LTD.



Mailing Address

1803 PARK CENTER DRIVE, SUITE 220  
ORLANDO FL 32835

Principal Office Address

1803 PARK CENTER DRIVE, SUITE 220  
ORLANDO FL 32835

3. Date Formed or Registered

01/21/1998

5a. Capital Contributions as Shown on record.

\$7,500.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

*11/9*

4. State or Country of Formation

FL

6. FEI Number

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

RUSH, RANDOLPH J  
250 PARK AVENUE SOUTH, 5TH FLOOR  
WINTER PARK FL 32789

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

000002732278-5  
-01/06/99-01067-019  
\*\*\*150.00 \*\*\*150.00  
FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

PARK PLACE DEVELOPMENT COMPA

1803 PARK CENTER DRIV

ORLANDO FL 32835

F9800000355

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*David Townsend, President*  
David Townsend, President  
Park Development Comp

DATE

12/21/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

407 28462022

CR2E003 (6/98)