

2002 UNIFORM BUSINESS REPORT (UBR)

0008469 AT

DOCUMENT # A98000000199

1. Entity Name
PARK PLACE AT METROWEST PHASES SIX AND SEVEN, LT D.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -2 PM 2:04

4/5/20

Principal Place of Business **Mailing Address**
1803 PARK CENTER DRIVE, SUITE 220 **1803 PARK CENTER DRIVE, SUITE 220**
ORLANDO FL 32835 **ORLANDO FL 32835**



2. Principal Place of Business **3. Mailing Address**

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

DUE BY MAY 1, 2002

City & State City & State

4. FEI Number **59-3511789** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$7,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # F98000000355
NAME PARK PLACE DEVELOPMENT COMPANY
STREET ADDRESS 1803 PARK CENTER DRIVE, SUITE 220
CITY-ST-ZIP ORLANDO FL 32835

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP
000005491260--5
-05/08/02--01025--014
*****7095.75 ****141.25**

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 CITY-ST-ZIP

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: _____ **Date** **4/29/02** **Daytime Phone #** **407 294 6400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)