

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 APR 28 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A98000000199

1. Name of Limited Partnership

PARK PLACE AT METROWEST PHASES SIX AND SEVEN, LTD.

2. Principal Office Address

1768 Park Center Drive

3. Mailing Office Address

1768 Park Center Drive

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32801

Country

USA

CR2E039 (11/05)

4. Date Formed or Registered  
To Do Business in Florida

5. FEI Number

59-3511789

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

WHWW, INC.

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

390 North Orange Avenue

Suite, Apt. #, Etc.

Suite 1500

City

Orlando

State

FL

Zip Code

32801

**7. FEES:**

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited  
partnership revoked on our records

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620,  
Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*Agent Vice President*

DATE

4/18/06

(REGISTERED AGENT MUST SIGN)

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

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

PARK PLACE DEVELOPMENT COMPANY

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

1768 Park Center Drive, Suite 400

City, State and Zip Code

Orlando, FL 32801

10a. Registration  
Document Number

F98000000355

500073372025  
05/01/06--01007--002 \*\*2508.75

500073372025  
05/01/06--01007--003 \*\*535.00

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

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of  
Corporations from any liability of non-compliance with Chapter 119, F.S. 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 J. Townsend*

DATE

4/18/06

Typed or Printed Name of General Partner Signing Form

David J. Townsend, Pres. of Park Place

Telephone Number

407-294-6400

Development Company