


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
May 01, 2007 08:00 A
Secretary of State**

DOCUMENT # A98000000199
1. Entity Name
PARK PLACE AT METROWEST PHASES SIX AND SEVEN, LTD.



Principal Place of Business
**1768 PARK CENTER DRIVE, SUITE 270
ORLANDO, FL 32835**

Mailing Address
**1768 PARK CENTER DRIVE, SUITE 270
ORLANDO, FL 32835**

DO NOT WRITE IN THIS SPACE



03282007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3511789	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WHWW, INC.
390 NORTH ORANGE AVENUE STE 1500
ORLANDO, FL 32801**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

U00000751447
05/18/07-80103-004 3300.00

**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

DOCUMENT #	F98000000355
NAME	PARK PLACE DEVELOPMENT COMPANY
STREET ADDRESS	1768 PARK CENTER DRIVE, SUITE 270
CITY-ST-ZIP	ORLANDO, FL 32835
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: *David J. Townsend* **David J. Townsend** 4/24/07 (407) 294-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #