


**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<br><b>59-3511789</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

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