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03 SEP 25 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700023346247
09/25/03--01091--011 **\$221.00

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A9800000199	
1. Entity Name PARK PLACE AT METROWEST PHASES SIX AND SEVEN, LTD.	

Principal Place of Business 1803 PARK CENTER DRIVE, SUITE 220 ORLANDO, FL 32835	Mailing Address 1803 PARK CENTER DRIVE, SUITE 220 ORLANDO, FL 32835
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2. Principal Place of Business 1768 Park Center Drive Suite, Apt. #, etc. Suite 270	3. Mailing Address 1768 Park Center Dr. Suite, Apt. #, etc. Suite 270
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City & State	City & State	4. FEI Number 59-3511789	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

EXPIRES BY MAY 1, 2003

6. Name and Address of Current Registered Agent RUSH, RANDOLPH J 260 PARK AVENUE SOUTH, 6TH FLOOR WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

9. Capital Contributions as Shown on record. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEI INFORMATION.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	F9800000365 PARK PLACE DEVELOPMENT COMPANY 1803 PARK CENTER DRIVE, SUITE 220 ORLANDO, FL 32835	STREET ADDRESS CITY-ST-ZIP	1768 Park Center Drive, #270
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

CR2E003 (10/02)

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: David J. Townsend David J. Townsend, President of General Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date: 9/9/03 Daytime Phone #: 407 294 6400