2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A00000000491

1 Entity Name

METROWEST SHOPPES AND RESTAURANTS, LTD



08 MAY -1 AM 10: 12

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Principal Place of Business

1768 PARK CENTER DRIVE #400 ORLANDO, FL 32835

Mailing Address

1768 PARK CENTER DRIVE #400 ORLANDO, FL 32835



04212008 No Chg-LP

CR2E003 (12/06)

	£9.75 A 1 200
59-3638863	Not Applicable
4. FEI Number	Applied For
4 55(1)	l la control

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

WHWW, INC. 390 NORTH ORANGE AVENUE SUITE 1500 ORLANDO, FL 32801

STAPLE CHECK HERE

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	,		1.						
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									
	Signature, typed or printed name of registered agent and title if applicable.	-,-			DA	TE -			
	FiLE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.	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			S. Oliver			•		
DOCUMENT #	F96000001599		-	1.2	A T				
NAME	PARK CENTER DRIVE DEVELOPMENT CORPORATION		." a.f.=	1		Supplies 1	* 1		
STREET ADDRESS	1768 PARK CENTER DRIVE, #400			ann:	12828	3169	iat i i i i		
CITY-ST-ZIP	ORLANDO, FL 32835		'n	5702708-	1.2828: 0100300	15 **6175	ำกัก		
DOCUMENT #			(a)						
NAME			· :			The state of the s	· :		
STREET ADDRESS			ŕ.						
CITY-ST-ZIP		7.41	anî Hilin û	, and william [n di gi di				
DOCUMENT #									
NAME							1 1 4		
STREET ADDRESS				UNU	T WRIT				
CiTY-ST-ZIP			E N	LTILIC	ODAO				
DOCUMENT #			, de la EDN	i inis	SPAC		1 T. S.		
NAME									
STREET ADDRESS			Hard, French				K 4 11 1		
CITY-ST-ZIP						** - 14 	•		
DOCUMENT #						2			
NAME					e e e e e e e e e e e e e e e e e e e				
STREET ADDRESS			Illian T	i bilibasat			S. Callar sales		
CITY-ST-ZIP						in Pallegg, 3	. wild		
DOCUMENT #			Elffie i		2 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a control all the control and	1. [1]		
NAME				100		- 54			
STREET ADDRESS		f				* 1272 1271			
CITY-ST-ZIP			<u>'a 'a</u>	grading the se	· f This	· implie			
14. I hereby certify that the information supplied with this filling 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									