

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 10:12

DOCUMENT #A00000001907

1. Entity Name
ESPLANADE CENTER OF PARK PLACE AT
METROWEST, LTD.



Principal Place of Business
1768 PARK CENTER DRIVE
SUITE 400
ORLANDO, FL 32835

Mailing Address
1768 PARK CENTER DRIVE
SUITE 400
ORLANDO, FL 32835



04212008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3686016

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHWW INC
390 N ORANGE AVENUE
SUITE 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 _____

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

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

400128283114
05/02/08--01003--005 **6175.00

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 # F00000006899
NAME ESPLANADE DEVELOPMENT CORP.
STREET ADDRESS 1768 PARK CENTER DRIVE, #400
CITY-ST-ZIP ORLANDO, FL 32835

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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE