
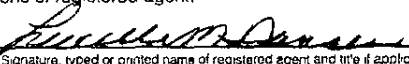


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A13506</b>			
<b>1. Entity Name</b> PARK PLACE REALTY ASSOCIATES, LTD.			
<b>Principal Place of Business</b> 401 LORING AVE ORANGE PARK FL 32504		<b>Mailing Address</b> C/O RENTAL OFFICE 16301 BUCCANEER LANE HOUSTON TX 77062	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
HANSEN LUCILLE M. 4335 PLAZA GATE LANE, APT. 101 JACKSONVILLE FL 32217		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE  DATE			
<b>9. Capital Contributions</b> as Shown on record. \$1,260,000.00		<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	
<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BELCHER, KERRY K	CITY-ST-ZIP	
STREET ADDRESS	1600 REEF VIEW CIR.		
CITY-ST-ZIP	CORONA DEL MAR CA		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	TODD, LEONARD C.	CITY-ST-ZIP	
STREET ADDRESS	1873 STEARNLEE AVE.		
CITY-ST-ZIP	LONG BEACH CA		
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CITY-ST-ZIP			



MOORE CR2E003 (11/03)

**4. FEI Number** 59-2343796 **Applied For**  
**Not Applicable**

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

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SIGNATURE  DATE

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**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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE