


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A21186</b> 1. Entity Name <b>PARK PLACE INDUSTRIALS, LTD.</b>	
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Principal Place of Business <b>29656 U.S. HIGHWAY 19 NORTH, SUITE 100</b> <b>CLEARWATER, FL 33761</b>	Mailing Address <b>29656 U.S. HIGHWAY 19 NORTH, SUITE 100</b> <b>CLEARWATER, FL 33761</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03232005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>59-2510934</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MINIERI, CARL</b> <b>29656 U.S. HIGHWAY 19 NORTH, SUITE 100</b> <b>CLEARWATER, FL 33761</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>-\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>4/4/25</b>
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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 #	H84166	STREET ADDRESS	
NAME	PARK PLACE INDUSTRIALS, INC.	CITY-ST-ZIP	
STREET ADDRESS	29656 U.S. HIGHWAY 19 NORTH, SUITE 100		
CITY-ST-ZIP	CLEARWATER, FL 33761		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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 04/26/05-80040-002 141.25

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: <i>Michael J. Zuffe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date: <b>4/4/15</b> Daytime Phone #: <b>727-287-3114</b>
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STAPLE CHECK HERE