

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 APR 17 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02122007 Chg-LP CR2E003 (12/06)

DOCUMENT # A21186			
1. Entity Name PARK PLACE INDUSTRIALS, LTD.			
Principal Place of Business 29656 U.S. HIGHWAY 19 NORTH, SUITE 100 CLEARWATER, FL 33761		Mailing Address 29656 U.S. HIGHWAY 19 NORTH, SUITE 100 CLEARWATER, FL 33761	
2. Principal Place of Business - No P.O. Box # 28059 US Hwy 19 N Suite, Apt. #, etc. Ste. 302		3. Mailing Address 28059 US Hwy 19 N Suite, Apt. #, etc. Ste. 302	
City & State Clearwater FL Zip 33761 Country US		City & State Clearwater FL Zip 33761 Country US	
4. FEI Number 59-2510934		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINIERI, CARL 29656 U.S. HIGHWAY 19 NORTH, SUITE 100 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name Minieri, Carl Street Address (P.O. Box Number is Not Acceptable) 28059 US Hwy 19 N Ste. 302 City Clearwater FL Zip Code 33761	
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.			
<p>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</p> <p>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.</p>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	H84166 PARK PLACE INDUSTRIALS, INC. 29656 U.S. HIGHWAY 19 NORTH, SUITE 100 CLEARWATER, FL 33761	STREET ADDRESS CITY - ST - ZIP	28059 US Hwy 19 N Ste 302 Clearwater FL 33761
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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: <i>Michael Zentile</i>		Date: 7/27/2005-9554	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE