

2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004

DOCUMENT # A94000001790

1. Entity Name  
PARK PLACE MHP, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 23 PM 3:38

Principal Place of Business  
2440 S.E. FEDERAL HWY., STE. 600  
STUART, FL 34994

Mailing Address  
P.O. BOX 359  
STUART, FL 34995



03082004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0543561

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARFF, BURTON G  
2315 S. CONGRESS AVENUE  
WEST PALM BEACH, FL 33406

Name  
Char O'Donnell, Administrator

Street Address (P.O. Box Number is Not Acceptable)  
2440 SE Federal Hwy, Suite 600

City  
Stuart FL 34994

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 *Char O'Donnell* Administrator

3-11-04

DATE

9. Capital Contributions  
as Shown on record. \$680,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 #  
NAME GARRIS, STANLEY R  
STREET ADDRESS 2440 S.E. FEDERAL HWY., STE. 600  
CITY-ST-ZIP STUART, FL 34994

STREET ADDRESS  
CITY-ST-ZIP  
600032102126  
04/07/04--01049--030 \*\*526.25

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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: *Stanley R. Garriss* Stanley R. Garriss 3-11-04 772-287-1844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #