
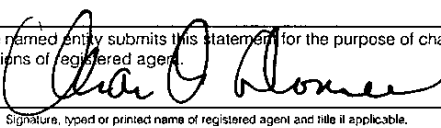
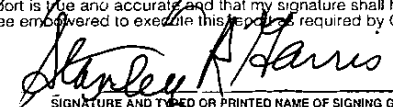


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 13 AM 11:11

DOCUMENT # A94000001790					
1. Entity Name PARK PLACE MHP, LTD.					
Principal Place of Business 2440 S.E. FEDERAL HWY., STE. 600 STUART, FL 34994			Mailing Address P.O. BOX 359 STUART, FL 34995		
2. Principal Place of Business 850 SW Martin Downs Blvd.			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Palm City, FL			City & State		
Zip 34990		Country USA		4. FEI Number 65-0543561	
5. Certificate of Status Desired <input type="checkbox"/>				CR2E003 (10/03)	
6. Name and Address of Current Registered Agent O'DONNELL, CHAR ADMIN 2440 SE FEDERAL HWY STE. 600 STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 850 SW Martin Downs Blvd. City Palm City FL Zip Code 34990	
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 6-30-05 Signature, typed or printed name of registered agent and title if applicable. DATE					
9. Capital Contributions as Shown on record. \$680,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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		STREET ADDRESS	850 SW Martin Downs Blvd.	
NAME	GARRIS, STANLEY R		CITY-ST-ZIP	Palm City, FL 34990	
STREET ADDRESS	2440 S.E. FEDERAL HWY., STE. 600		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	700050222177 10/04/05--01068--004 **926.25	
DOCUMENT #	NAME		STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 6-30-05 772-287-1844 Signature and typed or printed name of signing general partner Date Daytime Phone #					

STAPLE CHECK HERE