



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 10:56

DOCUMENT # A94000001790	
1. Entity Name PARK PLACE MHP, LTD.	

Principal Place of Business 850 SW MARTIN DOWNS BLVD PALM CITY, FL 34990	Mailing Address P.O. BOX 359 STUART, FL 34995
---	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01092008 Chg-LP CR2E003 (11/05)

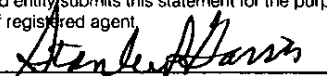
4. FEI Number 65-0543561	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent	
O'DONNELL, CHAR ADMIN 850 SW MARTIN DOWNS BLVD PALM CITY, FL 34990	

7. Name and Address of New Registered Agent	
Name	Stanley R. Garriss
Street Address (P.O. Box Number is Not Acceptable)	850 SW Martin Downs Blvd.
City	Palm City
State	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  **Stanley R. Garriss** 2-1-2006

Signature typed or printed name of registered agent and title if applicable DATE

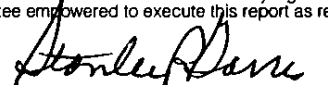
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00
--

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 #		STREET ADDRESS	
NAME	GARRIS, STANLEY R	CITY - ST - ZIP	
STREET ADDRESS	850 SW MARTIN DOWNS BLVD		
CITY - ST - ZIP	PALM CITY, FL 34990		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

900074753709
 05/17/06--01012--021 **500.00

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:  **Stanley R. Garriss** 2-1-2006 772-287-1844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE