


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

APPROVED  
AND  
FILED

04 MAY -4 PM 5:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A96000001042**  
1. Entity Name  
**ARENA DEVELOPMENT COMPANY, LTD.**



Principal Place of Business Mailing Address  
**ONE PANTHER PARKWAY  
SUNRISE FL 33323** **ONE PANTHER PARKWAY  
SUNRISE FL 33323**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E003 (11/03)

4. FEI Number **65-0683997** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
~~DUFFY, WILLIAM T  
ONE PANTHER PARKWAY  
SUNRISE FL 33323~~

7. Name and Address of New Registered Agent  
Name **Charles E. Wildermuth**  
Street Address (P.O. Box Number is Not Acceptable)  
**13800 N.W. 2nd Street**  
**Suite 190**  
City **Sunrise** FL Zip Code **33325**

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 Charles E. Wildermuth DATE 4/27/2004  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$500.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION.**

**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	
DOCUMENT #	L01000010546
NAME	PHGP LLC
STREET ADDRESS	ONE PANTHER PARKWAY
CITY-ST-ZIP	SUNRISE FL 33323
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>900036548959</b>
CITY-ST-ZIP	<b>05/18/04--01048--014 **150.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: Evelyn Lopez DATE 4/30/04 DAYTIME PHONE # 954-835-7612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**EVELYN LOPEZ, EVR/CFO & TREASURER**

STARTLE CHECK HERE