

WINTER PARK ROYAL 002
AND
FILED

2001 UNIFORM BUSINESS REPORT (UBR)

01 MAY 15 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *AG10000002242*

1. Entity Name
PARK PLACE AT METROWEST PHASE TWO, LTD.

Principal Place of Business Mailing Address
1803 Park Center Drive, Suite 220
Orlando, Florida 32835

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
59-3445511

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Randolph J. Rush, Esq.
250 Park Avenue South, 5th Floor
Winter Park, Florida 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. *51,000*

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<i>FA1000001599</i> <i>Park Development Corporation</i> 1803 Park Center Drive, Suite 220 Orlando, FL 32835
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<i>800004384018--2</i>
STREET ADDRESS	<i>***3468.75 ****526.25</i>
CITY-ST-ZIP	<i>\$526.25</i>
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)(1), 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: *David ...* Date: *4/30/01* Daytime Phone #: *407-294-6400*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER