A CONTROP PLEASE F LIMITED **PARTNERSHIP** 03 OCT 30 PM 4: 12 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # A96000002242 1. Name of Limited Partnership Park Place at Metrowest. Phase Two. Ltd. 2. Principal Office Address 3. Mailing Office Address Date Formed or Registered 12/09/1996 To Do Business in Florida 1768 Park Center Drive 1768 Park Center Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3445511 Not Applicable Suite 270 Suite 270 \$8.75 Additional Fee required City & State CERTIFICATE OF STATUS DESIRED for a Certificate of Status Orlando, FL Orlando, FL 7a. Capital Contributions as shown on Record: Country Zip · Country \$151,000.00 32835 USA 32835 USA 7b. Amount of Capital Contributions in FLORIDA to date: \$151,000.00 8. Name and Address of Current Registered Agent FEES: Randolph J. Rush Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, Street Address (P.O. Box Number is Not Acceptable) for each year due this office. 250 Park Avenue South. The Floor 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. Suite, Apt. #, Etc. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. 5th Floor Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate State 32789 Winter Park and appropriate filing fee.

nited partnership organized or registered under the laws of the State of Florida, submits this statement. Such change was authorized by its general partner(s). I hereby accept the appointment of registered Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-name for the purpose of changing its registered office or registered agent, or both, in the State of Florid agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

City & State

Zip

Name

A GENERAL PARTNER THAT IS A CORPORATION, L'IMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration 10a. City, State and Zip Code 10. Name(s) of General Partner(s) Document Number 1768 Park Center Orlando, FL 32835 F96000001599 Park Development Drive, Suite 270 Corporation 100024423651 11/04/03--01067--020 **1026.25 REMSTATEMENT 2003 100024423651 11/04/03-01067-021 **8.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I release the Division of Corporations from any liability of non-opinionae with Section 119.07(3)(i) in the event of the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accused and that my signature shall have the same total effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report acquired by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Park Development Corporation