## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED		FLORIDA DEPARTMENT OF STATE Secretary of State		FILED			
PARTNERSI	(2000 · 100			<sup>2006</sup> JAN -6 PM 4: 19			
REINSTATEM	ENT CONTRACTOR	DIVISION OF C	DIVISION OF CORPORATIONS		200 OM -P PM	4: 19	
DOCUMENT # A9700001438  1. Name of Limited Partnership					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Park Place at Metrowest Phases Four and Five, Ltd.					$\sim$ $\sim$		
,							
74					CR2E039	(8/05)	
2. Principal Office Address 1768 Park C		3. Mailing Office Address 1768 Park Center Drive		⁄e	4. Date Formed or Registered To Do Business In Florida 06/26/1997		
Suite, Apt. #, etc. Suite 270		Suite, Apt. #, etc. Suite 270			5. FEI Number		
City & State		City & State			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
Orlando, Florida		Orlando, Florida			7a. Capital Contributions as shown on Record:		
<sup>Zip</sup> 32835	Country US	32835	Country		15,000		
8. Name and Address of Current Registered Agent				7b. Amount of Capital Contributions in FLORIDA to date: 15,000			
Name WHWW, Inc.				FEES:  1.) 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, for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is due.  Note: If the amount entered in 7b is greater than amount entered in			
Street Address (P.O. Box Number is Not Acceptable)							
390 N. Orange Avenue							
Suite, Apt. #, Etc. Suite 1500							
Orlando, Florio	la	State   Zip Code   FL   32801		ļ	7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		
9. Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-named finited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered							
agent. I am familiar with, and accept the obligations of section 620.192; Florida Statutes.							
SIGNATURE (Registered Agent Accepting Appointment)					: DATE 12/105		
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
10. Name(s) of G	eneral Partner(s)		ch General Partner Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number	
Park Development Corporation		1768 Park Center Drive		Orla	ando, Florida	F96000001599	
doing business i	n Florida as	1			000064021270		
Park Center Drive D	evelopment Corporation			01/19/0601010006 **1903.75			
DEDUCTATIONS 2.1104 -2006							
REINSTATEMENT 2 UO4 -2006							
					<b>K</b> 00006402	21270	
,				1	A 21/19/0201010	1001 **1036.23	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
11. I do hereby certify that the information supplied with this filling is voluntarily turplished 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-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or							
trustee empowered to exacute this report as required by chapter 620 biorida Statutes.							
SIGNATURE DATE 12/1/05							
Typed or Printed Name of General Partner Signing Form David J. Townsend, President of General Partner Telephone Number							