


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A97000001438</b>	
1. Entity Name PARK PLACE AT METROWEST PHASES FOUR AND FIVE, LTD.	

Principal Place of Business 1768 PARK CENTER DRIVE, SUITE 270 ORLANDO, FL 32835	Mailing Address 1768 PARK CENTER DRIVE, SUITE 270 ORLANDO, FL 32835
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DO NOT WRITE IN THIS SPACE



03282007 No Chg-LP      CR2E003 (12/06)

4. FEI Number <b>59-3462940</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  WHWW, INC. 390 N. ORANGE AVE., SUITE 1500 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00  
 After May 1, 2007, Fee will be \$900.00

U00000751448  
 05/18/07-20103-004 3200.00

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	
DOCUMENT #	F96000001599
NAME	PARK DEVELOPMENT CORPORATION
STREET ADDRESS	1768 PARK CENTER DRIVE, SUITE 270
CITY - ST - ZIP	ORLANDO, FL 32835
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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:** *David J. Townsend*      **David J. Townsend**      4/24/07      (407) 294-6400

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