


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -1 AM 10: 12

**DOCUMENT # A97000001438**

1. Entity Name  
**PARK PLACE AT METROWEST PHASES FOUR AND FIVE, LTD.**



|   |   |
|---|---|
| Principal Place of Business<br>1768 PARK CENTER DRIVE, SUITE 270<br>ORLANDO, FL 32835 | Mailing Address<br>1768 PARK CENTER DRIVE, SUITE 270<br>ORLANDO, FL 32835 |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br>1768 Park Center Drive | 3. Mailing Address<br>1768 Park Center Drive |
| Suite, Apt. #, etc.<br>Suite 400   | Suite, Apt. #, etc.<br>Suite 400             |

|                                  |                                  |                             |                               |
|----------------------------------|----------------------------------|-----------------------------|-------------------------------|
| City & State<br>Orlando, Florida | City & State<br>Orlando, Florida | 4. FEI Number<br>59-3462940 | Applied For<br>Not Applicable |
| Zip                              | Country                          | Zip                         | Country                       |



04212008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent

WHWW, INC.  
390 N. ORANGE AVE., SUITE 1500  
ORLANDO, FL 32801

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. 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, 2008, Fee will be \$900.00**

700128283187  
05/02/08--01003--005 \*\*6175.00

**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 |                                   | 13. ADDRESS CHANGES ONLY |                                   |
|---------------------------------|-----------------------------------|--------------------------|-----------------------------------|
| DOCUMENT #                      | F96000001599                      | STREET ADDRESS           | 1768 Park Center Drive, Suite 400 |
| NAME                            | PARK DEVELOPMENT CORPORATION      | CITY-ST-ZIP              | Orlando, Florida 32835            |
| STREET ADDRESS                  | 1768 PARK CENTER DRIVE, SUITE 270 |                          |                                   |
| CITY-ST-ZIP                     | ORLANDO, FL 32835                 |                          |                                   |
| DOCUMENT #                      |                                   | STREET ADDRESS           |                                   |
| NAME                            |                                   | CITY-ST-ZIP              |                                   |
| STREET ADDRESS                  |                                   |                          |                                   |
| CITY-ST-ZIP                     |                                   |                          |                                   |
| DOCUMENT #                      |                                   | STREET ADDRESS           |                                   |
| NAME                            |                                   | CITY-ST-ZIP              |                                   |
| STREET ADDRESS                  |                                   |                          |                                   |
| CITY-ST-ZIP                     |                                   |                          |                                   |
| DOCUMENT #                      |                                   | STREET ADDRESS           |                                   |
| NAME                            |                                   | CITY-ST-ZIP              |                                   |
| STREET ADDRESS                  |                                   |                          |                                   |
| CITY-ST-ZIP                     |                                   |                          |                                   |

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 629, Florida Statutes

SIGNATURE: David J. Townsend Date: 4/15/08

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