

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB 18 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A97000001438**

1. Entity Name

PARK PLACE AT METROWEST PHASES FOUR AND FIVE, LT D.

Principal Place of Business 1803 PARK CENTER DRIVE, SUITE 220 ORLANDO FL 32835	Mailing Address 1803 PARK CENTER DRIVE, SUITE 220 ORLANDO FL 32835
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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 59-3462940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RUSH, RANDOLPH J
250 PARK AVENUE SOUTH, 5TH FLOOR
WINTER PARK FL 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 title if applicable.

9. Capital Contributions as Shown on record. \$15,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	F96000001599 PARK DEVELOPMENT CORPORATION 1803 PARK CENTER DRIVE, SUITE 220 ORLANDO FL 32835
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	05/08/02--01025--014 #193.75
STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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. Thompson* **4/29/02** 407-294-6466