

FILED

03 SEP 25 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

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



Principal Place of Business
1803 PARK CENTER DRIVE, SUITE 220
ORLANDO, FL 32835

Mailing Address
1803 PARK CENTER DRIVE, SUITE 220
ORLANDO, FL 32835

2. Principal Place of Business
1768 Park Center Drive

3. Mailing Address
1768 Park Center Dr.

Suite, Apt. #, etc.
Suite 270

Suite, Apt. #, etc.
Suite 270

City & State

City & State



100023346201
09/25/03--01091--011 **5221.00

4. FEI Number
59-3462940

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**RUSH, RANDOLPH J
260 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable.

9. Capital Contributions as Shown on record. **\$15,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.

**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 # NAME STREET ADDRESS CITY - ST - ZIP	F96000001599 PARK DEVELOPMENT CORPORATION 1803 PARK CENTER DRIVE, SUITE 220 ORLANDO, FL 32835	STREET ADDRESS CITY - ST - ZIP	1768 Park Center Drive, #270
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.
David J. Townsend, President of General Partner
SIGNATURE: *David J. Townsend* **9/9/03 407-294-6400**
DATE Daytime Phone #

CR2E003 (10/02)