

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A98000000199

1. Entity Name
PARK PLACE AT METROWEST PHASES SIX AND SEVEN, LTD.



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 10: 12

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



2. Principal Place of Business - No P.O. Box # 1768 Park Center Drive	3. Mailing Address 1768 Park Center Drive
---	---

Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400
---	---

City & State Orlando, Florida 32835	City & State Orlando, Florida 32835
---	---

Zip 32835	Country	Zip 32835	Country
---------------------	---------	---------------------	---------

04212008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3511789	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**WHWW, INC.
 390 NORTH ORANGE AVENUE STE 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 _____

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

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

300128283203
 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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F98000000355 PARK PLACE DEVELOPMENT COMPANY 1768 PARK CENTER DRIVE, SUITE 270 ORLANDO, FL 32835
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	1768 Park Center Drive, Suite 400
CITY-ST-ZIP	Orlando, Florida 32835
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

David J. Townsend Pres. of general partner 4/25/08

STAPLE CHECK HERE