



**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

<b>DOCUMENT # A99000001898</b> 1. Entity Name <b>PARK AVENUE AT METROWEST, LTD.</b>	
---	---

Principal Place of Business <b>200 EAST LAS OLAS BOULEVARD, SUITE 1660 FORT LAUDERDALE, FL 33301</b>	Mailing Address <b>ATTN: KATHRYN MANSFIELD 3100 MONTICELLO AVE., SUITE 200 DALLAS, TX 75205</b>
---	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

**FILED**  
**07 JUN -1 AM 9:42**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



05102007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3611413</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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.

<b>FILE NOW!!! FEE IS \$900.00</b> <b>On or after September 14, 2007, Fee will be \$1000.00</b>
--

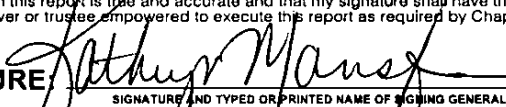
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>L04000055288</b>
NAME	<b>PARK AVENUE GP, LLC</b>
STREET ADDRESS	<b>3100 MONTICELLO AVE., SUITE 200</b>
CITY-ST-ZIP	<b>DALLAS, TX 75205</b>
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	

**500104238825**  
**06/12/07--01005--026 \*\*3500.00**

**DO NOT WRITE  
IN THIS SPACE**

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** **Kathryn Mansfield**  
**5/15/2007** **214-999-0200**  
**Date** **Daytime Phone #**

STAPLE CHECK HERE