

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 18 AM 10:34


SEAL OF THE STATE
TALLAHASSEE FLORIDA

MJH



01072004 Chg-LP CR2E003 (10/03)

5/18

DOCUMENT # B99000000246					
1. Entity Name PARK PLACE AT SUNTREE, L.P.					
Principal Place of Business 7640 N. WICKHAM ROAD, SUITE 101B MELBOURNE, FL 32940			Mailing Address P.O. BOX 410999 MELBOURNE, FL 32941		
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 31-1650289	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALEY, JOHN D 154 LANSING ISLAND DRIVE INDIAN HARBOR BEACH, FL 32937			Name Myra K. Haley Street Address (P.O. Box Number is Not Acceptable) 154 Lansing Island Drive City Indian Harbor Beach, FL Zip Code 32937		
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 <u>Myra K. Haley</u> Jan. 9, 2004 Signature, typed or printed name of registered agent and title if applicable. DATE					
9. Capital Contributions as Shown on record. \$100,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P92000015301	STREET ADDRESS			
NAME	HMM, INC.	CITY-ST-ZIP			
STREET ADDRESS	P.O. BOX 410999				
CITY-ST-ZIP	MELBOURNE, FL 32941				
DOCUMENT #	XXXXXX 1999 IRRV TR US 051099	STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS	P.O. BOX 410999				
CITY-ST-ZIP	MELBOURNE, FL 32941				
DOCUMENT #	IGO, MILES D	STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS	P.O. BOX 410999				
CITY-ST-ZIP	MELBOURNE, FL 32941				
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					
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					
SIGNATURE: <u>Myra K. Haley</u>		Myra K. Haley		09-Jan-04 321 242-6210	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE