

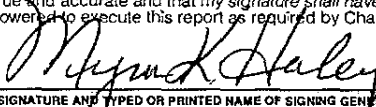


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03152005 Chg-LP CR2E003 (10/03)	
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 HALEY, MYRA K 154 LANSING ISLAND DRIVE INDIAN HARBOR BEACH, FL 32937			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, hand or printed name of registered agent and if applicable</small>					
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 NAME HMM, INC. STREET ADDRESS P.O. BOX 410999 CITY-ST-ZIP MELBOURNE, FL 32941			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # IGO, MILES D NAME P.O. BOX 410999 STREET ADDRESS MELBOURNE, FL 32941 CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # G04139900010 NAME 1999 IRREVOCABLE TRUST STREET ADDRESS P.O. BOX 410999 CITY-ST-ZIP MELBOURNE, FL 32941			STREET ADDRESS CITY-ST-ZIP		
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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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  </div> <div> Myra K. Haley, Pres. For: Hmm, Inc. </div> <div> 3-18-05 321-242-6210 </div> </div>					

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