2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # B99000000246

1. Entity Name
PARK PLACE AT SUNTREE, L.P.

Principal Place of Business	Mailing Address
7640 N. WICKHAM ROAD, SUITE 1018 MELBOURNE, FL 32940	P.O. BOX 410999 MELBOURNE, FL 32941

DO NOT WRITE IN THIS SPACE

01182006 No Chg-LP CR2E003 (11/05)

4. FEI Number
31-1650289
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

DO NOT WRITE IN THIS SPACE

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.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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 #	P92000015301
NAME	HMM, INC.
STREET ADDRESS	P.O. BOX 410999
CITY-ST-ZIP	MELBOURNE, FL 32941
DOCUMENT #	
NAME	IGO, MILES D
STREET ADDRESS	P.O. BOX 410999
CITY-ST-ZIP	MELBOURNE, FL 32941
DOCUMENT #	G04139900010
NAME	1999 IRREVOCABLE TRUST
STREET ADDRESS	P.O. BOX 410999
CITY-ST-ZIP	MELBOURNE, FL 32941
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/06-80020-012 500.00

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STAPLE CHECK HERE

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: Kellie Shepard Jan 18 2005 321-308-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Kellie Shepard