

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 16, 2007 08:00 A**  
**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**



02012007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 # **IGO, MILES D**  
NAME **P.O. BOX 410999**  
STREET ADDRESS **MELBOURNE, FL 32941**  
CITY-ST-ZIP

DOCUMENT # **G04139900010**  
NAME **1999 IRREVOCABLE TRUST**  
STREET ADDRESS **P.O. BOX 410999**  
CITY-ST-ZIP **MELBOURNE, FL 32941**

DOCUMENT #  
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CITY-ST-ZIP

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1100000640086  
02/28/07-80050-019 500.00

**DO NOT WRITE**  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/13/07

Date

Daytime Phone #