

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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

FILED

03 JAN 29 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 31-1650289

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. Capital Contributions as Shown on record.

\$100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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

100011155901  
01/29/03--01013--006 \*\*526.25

DOCUMENT # JOHN D HALEY 1999 IRRV TR US 051099  
NAME  
STREET ADDRESS P.O. BOX 410999  
CITY-ST-ZIP MELBOURNE FL 32941

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # IGO, MILES D  
NAME  
STREET ADDRESS P.O. BOX 410999  
CITY-ST-ZIP MELBOURNE FL 32941

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/14/03 321-308-8

Date

Daytime Phone #

CR2E003 (10/02)

0008776 AT