2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J46939

1. Entity Name

PARK PLACE APARTMENTS, INC.



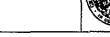
FILED Mar 07, 2005 08:00 AM Secretary of State

Principal Place of Business

4851 KELLER SPRINGS RD

222

ADDISON, TX 75001-6261 US



Mailing Address

4851 KELLER SPRINGS RD

222

SIGNATURE AND TYPED OR PRINT OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

ADDISON, TX 75001-6261 US



02212005

No Chg-P

CR2E034 (10/03)

 FEI Number 75-2143330 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EMMANUEL, PATRICK G. 30 S. SPRING ST PENSACOLA, FL 32501

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its reg	gistered office	or regi	stered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECT TITLE PD NAME LITOFF, ELIOT STREET ADDRESS 4851 KELLER SPRINGS RD #222 ADDISON, TX 750016261 TITLE STD NAME LITOFF, HAROLD STREET ADDRESS 84 SHIP STREET, UNIT F-1 EAST PROVIDENCE, RI 02903		9. Election Campaign Trust Fund Contribu			\$5.00 May Be Added to Fees	U00000255141 03/07/05-80102-003 158_75
10.	OFFICERS AND DIREC	CTORS		·	***	
NAME STREET ADDRESS	LITOFF, ELIOT 4851 KELLER SPRINGS RD #222					
NAME Street address	LITOFF, HAROLD 84 SHIP STREET, UNIT F-1 EAST	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LITOFF,CAROL G. 4851 KELLER SPRINGS RD 222 ADDISON, TX 750016261				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						