

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # J46939 1. Entity Name PARK PLACE APARTMENTS, INC.	
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Principal Place of Business 4851 KELLER SPRINGS RD 222 ADDISON, TX 75001-6261 US	Mailing Address 4851 KELLER SPRINGS RD 222 ADDISON, TX 75001-6261 US
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06302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. 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**

**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: _____ (NOTE: Registered Agent signature required when reinstating)

U00000569459
07/11/06-80028-006 158.75
DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LITOFF, ELIOT 4851 KELLER SPRINGS RD #222 ADDISON, TX 750016261
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LITOFF, HAROLD 84 SHIP STREET, UNIT F-1 EAST PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LITOFF, CAROL G. 4851 KELLER SPRINGS RD 222 ADDISON, TX 750016261
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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.

SIGNATURE: Eliot D. Litoff Eliot D. Litoff July 7, 2006 972-380-8933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #