


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 10 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |   |
|--|--|---|
| DOCUMENT # L06000064276  |  |  |
| 1. Entity Name<br>PARK PLACE AT METROWEST PHASE THREE SECTION B, LLC |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>1768 PARK CENTER DRIVE, SUITE 400<br>ORLANDO, FL 32835 | Mailing Address<br>1768 PARK CENTER DRIVE, SUITE 400<br>ORLANDO, FL 32835 |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



03282007 Chg-LLC CR2E083 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-5101274 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>WHWW, INC.<br>390 N. ORANGE AVENUE, SUITE 1500<br>ORLANDO, FL 32801 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS                   |                                 | 10. ADDITIONS/CHANGES                          |  |
|--|---------------------------------|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Park Place at Metrowest Phase Three Development, LLC<br>1768 Park Center Drive, Suite 400<br>Orlando, FL 32835<br>500103046525<br>05/23/07--01003--026 **500.00<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David J. Townsend 4-24-07 (407) 294-6400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #