

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -1 AM 10:11

DOCUMENT # L06000064276

1. Entity Name

PARK PLACE AT METROWEST PHASE THREE SECTION  
B, LLC



Principal Place of Business

1768 PARK CENTER DRIVE, SUITE 400  
ORLANDO, FL 32835

Mailing Address

1768 PARK CENTER DRIVE, SUITE 400  
ORLANDO, FL 32835



04212008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-5101274

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

WHWW, INC.  
390 N. ORANGE AVENUE, SUITE 1500  
ORLANDO, FL 32801

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

900128282589  
05/02/08--01003--005 \*\*\$6175.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PARK PLACE AT METROWEST PHASE THREE DEVELOPMENT
STREET ADDRESS	1768 PARK CENTER DRIVE SUITE 400
CITY-ST-ZIP	ORLANDO, FL 32835

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*David J. Townsend* David J. Townsend as Mgr. of manager 4/15/08