

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90053 041 ****50.00

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1. Entity Name
PARK PLACE AT METROWEST PHASE THREE DEVELOPMENT, LLC

Principal Place of Business Mailing Address
1768 PARK CENTER DRIVE, SUITE 400 ORLANDO, FL 32835

60043834



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03282007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHWW, INC. 390 N. ORANGE AVENUE, SUITE 1500 ORLANDO, FL 32801			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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David J. Townsend 1768 Park Center Drive, Suite 400 Orlando, FL 32835 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #