2002 UNIFORM BUSINESS REPORT (UBR)

000003 AB

DOCUMENT # A97000001060

1. Entity Name

PGA PROPERTY LIMITED PARTNERSHIP

FILED
2002 FEB 25 AM 11:00
DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address
1120 LASKIN ROAD VIRGINIA BEACH FL 23451	1120 LASKIN ROAD VIRGINIA BEACH FL 23451

2. Principal Place of Business	3. Mailing Address
3333 Dn. Beach Blvd	3333 Va Beach Blvd
Suite, Apt. #, etc.: 24	Suite, Apt. #, etc.: 24
City & State: VaBeach, Va	City & State: VaBeach, Va
Zip: 23452 Country:	Zip: 23452 Country:

DUE BY MAY 1, 2002

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALEFATTO, ALFRED J ESQ. 777 SOUTH FLAGLER DRIVE, SUITE 310 EAST WEST PALM BEACH FL 33410	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$9,900.00		158.05

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000015394	STREET ADDRESS	
NAME	PGA BOULEVARD INVESTMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	1120 LASKIN RD.		
CITY-ST-ZIP	VIRGINIA BEACH VA 23451		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (9/01)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 1/7/2002 7573408001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #