LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 MAR 11 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022841

1. Entity Name
WYNDCREST PGA HOLDINGS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16410 Maddalena Place	16410 Maddalena Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33446 / Country: USA	Zip: 33446 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1061525 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jeffrey Kukes

Street Address (P.O. Box Number Is Not Acceptable): 16410 Maddalena Place

City: Delray Beach, FL Zip Code: 33446

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.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 01

9. MANAGING MEMBERS / MANAGERS

TITLE	Manager
NAME	JK PGA, LLC
STREET ADDRESS	16410 Maddalena Place
CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/01)

11. 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 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.

By: JJK Manager, Inc., Sole Member

SIGNATURE: _____, President March 5, 2002 561-496-2123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #