2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED 03 APR 30 PM 12: 49 DOCUMENT # A02000001580 1. Entity Name 3801 PGA LP HOLDING, LTD SECRETARY OF STATE TALLAHASSEE FLORIDA MAH Principal Place of Business 3801 PGA BOULEVARD STE, 600 3801 PGA BOULEVARD STE. 600 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL. 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 4. FEI Number 65-1038382 City & State City & State Applied For Not Applicable Zip Zip \$8.75 Additional Fee Required Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent REGSERV CORP 3801 PGA BOULEVARD STE. 600 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS, FL 33410 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 Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 10. Amount of Capital Contributions 10. Amount of Capital Contributions MAKE CHECK PAYABLE TO FL DEPT OF STATE 9. Capital Contributions as Shown on record. \$1,000.00 SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. CR2E003 (10/02) DOCUMENT # STREET ADDRESS 3801 PGA EQUITY INVESTORS,LTD NAME STREET ADDRESS 3801 PGA BOULEVARD STE. 600 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP M01000002674 DOCUMENT # STREET ADDRESS LB FLORIDA PGA, LLC NAME 399 PARK AVE., 8TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 CUTY -ST - 7IP 500017343055 04/30/03--01009--012 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP

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

STREET ADDRESS

SIGNATURE:

CITY -S1-ZIP DOCUMENT A

NAME STREET ADDRESS CITY -53 - 21P



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER