DOCU	JMENT # A0726	6	į	-		٠.		86 Ar	
PGA NATIONAL VENTURE, LTD.					FILED				
Principal Place of Business 1555 PALM BEACH LAKES BLVD. W. PALM BEACH FL 33402		Mailing Address P.O. BOX 3267 WEST PALM BEACH FL 33402			01 FEB -5 AM II: 04 SECRETARY OF STATE TALLER GEFORE AND ADDRESS OF STATE				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Numbe	59-1896719	Applied For Not Applicab	ole		
Zip Country		Zip	Country			of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	•		7. Name and	Address of New Registered	Agent -	վ՝	
ECCLESTONE, E.L., JR. 1555 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401				Street Addres	s (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code				
8. The above	e named entity submits this statement for Signature, typed or printed name of registered agent a	· · ·		ed office or regis		, in the State of Florida.			
9. Capital Contributions as Shown on record. \$1,334,000.00 10. Amount of Capital Cin FLORIDA to date				outions 1,334,000	.00	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST NOTE: General Partners MAY NOT be changed on the form; an					STERED AND A				
12.	GENERAL PARTNER	INFORMATION	13.		· · · · · · · · · · · · · · · · · · ·	ADDRESS CHANGES ON	LY	コ.	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	608288 NATIONAL INVESTMENT CO. 1555 PALM BEACH LAKES BL WEST PALM BEACH FL			-ST-ZIP	į			CR2E003 (11/00)	
DOCUMENT #	P98000030675 NORTH COUNTY SALES COMPANY CORPORATION			ET ADDRESS	10	1000036780012 -02/14/0101003006			
STREET ADDRESS City-St-Zip	DRESS 1555 PALM BEACH LAKES BLVD.		CITY	-ST-ZIP		****535.00	****535.00		
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP .		<u></u> .			
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NAME STREET ADDRESS CITY-ST-ZIP			1	-ST-ZIP				-	
14. I hereby of indicated	becarify that the information supplied with on this report is true and accurate and t ver or trustee empowered to execute this	his filing does not qualify for hat my signature shall have the report as required by Chapte	er 620, F	Iorida Statutes	Section 119.07(3)(i) made under oath;		tify that the information the limited partnership of	or	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

De

2/15/01

Date

561/686~20000

Daytime Phone #