


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

| | |
|---|---|
| DOCUMENT # A07266 |  |
| 1. Entity Name PGA NATIONAL VENTURE, LLLP | |

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 JUN 27 AM 10:39

| | |
|---|---|
| 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 |
|---|---|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. Suite # 1100 | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



1ST MOORE CR2E003 (10/04)

| | | |
|--|--|---|
| 4. FEI Number 59-1896719 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent |
| ECCLESTONE, E.L., JR. 1555 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401 | | 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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.
 See Block 11 instructions for fee info.

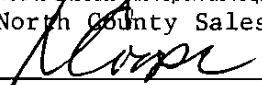
9. Capital Contributions as Shown on record. \$1,334,000.00
10. Amount of Capital Contributions in FLORIDA to date. \$1,334,000.00

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 # | P98000030675 | STREET ADDRESS | |
| NAME | NORTH COUNTY SALES COMPANY CORPORATION | CITY-ST-ZIP | |
| STREET ADDRESS | 1555 PALM BEACH LAKES BLVD. | | |
| CITY-ST-ZIP | W. PALM BEACH FL 33402 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 900056822259 |
| NAME | | CITY-ST-ZIP | 06/30/05--01064--019 **535.00 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

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

By: North County Sales Company
SIGNATURE:  Ron Cooper 4/27/05 561-686-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #