

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A07266

1. Entity Name
PGA NATIONAL VENTURE, LLLP



Principal Place of Business
1555 PALM BEACH LAKES BLVD.
W. PALM BEACH, FL 33402

Mailing Address
C/O FLORIDA MANAGEMENT COMPANY
P.O. BOX 3267
WEST PALM BEACH, FL 33402



01082007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1896719

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECCLESTONE, E.L., JR.
1555 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT # P98000030675
NAME NORTH COUNTY SALES COMPANY CORPORATION
STREET ADDRESS 1555 PALM BEACH LAKES BLVD.
CITY-ST-ZIP W. PALM BEACH, FL 33402

DOCUMENT #
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CITY-ST-ZIP

U000000641692
03/01/07-60011-004 508.75

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the Florida Statutes.

SIGNATURE: _____

EXECUTIVE VICE PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE