

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A95000000509

1. Entity Name
PGA MGROUP LTD.



FILED

04 JAN 30 PM 2:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
C/O SOUTHEAST CENTERS
1541 SUNSET DR., STE. 300
CORAL GABLES, FL 33143

Mailing Address
TILLINGHAST LIGHT PERKINS SMITH & COHEN LP
%NORMAN ORODENKER/10 WEYBOSSET ST 10TH FLR
PROVIDENCE, RI 02903



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
13-3840580

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AXELROD, ALAN D P.A.
C/O BILZIN SUMBERT DUNN & AXELROD, LLP
2500 FIRST UNION FINANCIAL CENTER
MIAMI, FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$4,737,383.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P95000017684
NAME PGA MGP CORP.
STREET ADDRESS %NORMAN G ORODENKER/10 WEYBOSSET ST 10FLR
CITY-ST-ZIP RPROVIDENCE, RI 02903

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Norman G. Orodener, Secretary

1/20/04

Date

401-456-1333

Daytime Phone #

STAPLE CHECK HERE