



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -6 AM 8:56

DOCUMENT # A95000000509 1. Entity Name PGA MGROUP LTD.					
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.			
City & State		City & State		07052005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 13-3840580	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$4,737,383.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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		STREET ADDRESS		
NAME	PGA MGP CORP.		CITY-ST-ZIP		
STREET ADDRESS	%NORMAN G ORODENKER/10 WEYBOSSET ST 10FLR				
CITY-ST-ZIP	RPROVIDENCE, RI 02903				
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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: By 			7/05/05 401-456-1200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Norman G. Orodener, Secretary			Date Daytime Phone #		

STAPLE CHECK HERE