2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000000509

1. Entity Name
PGA MGROUP LTD.

Principal Place of Business	Mailing Address
C/O SOUTHEAST CENTERS 1541 SUNSET DR., STE. 300 CORAL GABLES, FL 33143	TILLINGHAST LICHT PERKINS SMITH & COHEN LP %NORMAN ORODENKER/10 WEYBOSSET ST 10TH FLR PROVIDENCE, RI 02903

2. Principal Place of Business		3. Mailing Address	
		c/o Norman Orodenker/ Tillinghast Licht LLP	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 10 Weybosset Street, 10th	
City & State		City & State Providence, RI	
Zip	Country	Zip 02903	Country

FI112006 Chg-LP CR2E003 (11/05)

4. FEI Number: 13-3840580 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

U00000399723
02/01/06 00024 006 500.00

FILE NOW!!! FEE IS $500.00
After May 1, 2006, 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	13.	ADDRESS CHANGES ONLY
DOCUMENT #	P95000017684	STREET ADDRESS	
NAME	PGA MGP CORP.		
STREET ADDRESS	%NORMAN G ORODENKER/10 WEYBOSSET ST 10FLR	CITY-ST-ZIP	
CITY-ST-ZIP	RPOVIDENCE, RI 02903		
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STAPLE CHECK HERE

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 Chapter 620, Florida Statutes

PGA MGP Corp.
SIGNATURE: By: [signature] 1/13/06 401-456-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #
Norman G. Orodenker, Secretary