
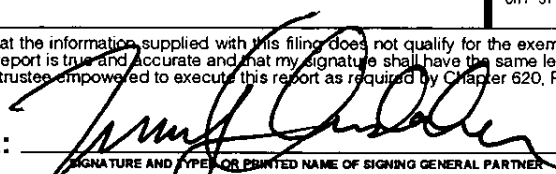


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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 - No P.O. Box #			3. Mailing Address Tillinghast Licht LLP		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-3840580	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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	STREET ADDRESS		
NAME	PGA MGP CORP.	CITY-ST-ZIP	CITY-ST-ZIP		
STREET ADDRESS	%NORMAN G ORODENKER/10 WEYBOSSET ST 10FLR				
CITY-ST-ZIP	RPROVIDENCE, RI 02903				
DOCUMENT #		STREET ADDRESS	600115542626		
NAME		CITY-ST-ZIP	01/18/08--01042--009 **500.00		
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NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
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					
SIGNATURE:  1/14/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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