

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000509

1. Entity Name
PGA MGROUP LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 11 PM 1:15

W2/13

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

DUE BY MAY 1, 2003

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.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

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400010702634
01/24/03--01086--016 **437.50

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400010702634
02/11/03--01025--014 **88.75

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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

PGA MGP Corp.

SIGNATURE:

By:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Norman G. Orodener

1/13/03 401-456-1200, x 333

Date

Daytime Phone #

CR2E003 (10/02)