
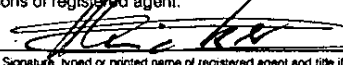
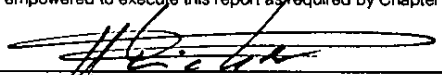


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 21, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A98000000003 1. Entity Name PGA MARINA CENTER LTD.			
Principal Place of Business 11300 U.S. HIGHWAY 1, SUITE 203 NORTH PALM BEACH, FL 33408		Mailing Address 11300 U.S. HIGHWAY 1, SUITE 203 NORTH PALM BEACH, FL 33408	
2. Principal Place of Business 2401 PGA Blvd.		3. Mailing Address 2401 PGA Blvd.	
Suite, Apt. #, etc. Suite 148		Suite, Apt. #, etc. Suite 148	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33410		Zip 33410	
Country USA		Country USA	
4. FEI Number 65-0807612		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRICKER, MAX 11300 U.S. HIGHWAY 1, SUITE 203 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Max Fricker Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Blvd., Ste. 148 City Palm Beach Gardens FL Zip Code 33410	
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. \$2,200,000.00		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 #	P98000000013	STREET ADDRESS	2401 PGA Blvd., Suite 148
NAME	BRIDGE HOLDING COMPANY	CITY - ST - ZIP	Palm Beach Gardens, FL 33410
STREET ADDRESS	11300 U.S. HIGHWAY 1, SUITE 203		
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
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 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: 		3-15-05	561-625-1005
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE



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