

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000000003**

1. Entity Name  
**PGA MARINA CENTER LTD.**



Principal Place of Business  
**2401 PGA BLVD., STE 148**  
**PALM BEACH GARDENS, FL 33410**

Mailing Address  
**2401 PGA BLVD., STE 148**  
**PALM BEACH GARDENS, FL 33410**



01142008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-0807612**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FRICKER, MAX**  
**2401 PGA BLVD., STE 148**  
**PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE**  
**IN THIS SPACE**

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

**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**

DOCUMENT # **P98000000013**  
NAME **BRIDGE HOLDING COMPANY**  
STREET ADDRESS **2401 PGA BLVD., STE 148**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

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U00000828257  
02/25/08-80005-002 508.75

**DO NOT WRITE**  
**IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**H. Max Fricker, P**

Date

Daytime Phone #

**(561) 625-1005**

STAPLE CHECK HERE