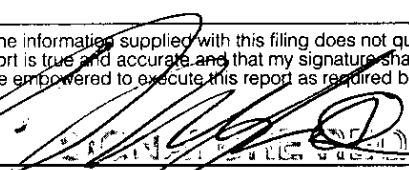


2001 UNIFORM BUSINESS REPORT (UBR)

0007215 AF

DOCUMENT # A99000000373			
1. Entity Name PGA GATEWAY, LTD.			
Principal Place of Business C/O DIVER MANAGEMENT, INC. 4300 CATALFUMO WAY PALM BEACH GARDENS FL 33410		Mailing Address C/O DIVER MANAGEMENT, INC. 4300 CATALFUMO WAY PALM BEACH GARDENS FL 33410	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DIVER MANAGEMENT, INC. 4300 CATALFUMO WAY PALM BEACH GARDENS FL 33410			
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)</small> DATE _____			
9. Capital Contributions as Shown on record. \$4,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO 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 #	P97000066279	STREET ADDRESS	
NAME	DIVER MANAGEMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	4300 CATALFUMO WAY		
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410		
DOCUMENT #		STREET ADDRESS	300004243013-9
NAME		CITY - ST - ZIP	05/17/01 01118 025
STREET ADDRESS			*****526.25 *****526.25
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	300004243013-9
STREET ADDRESS			05/17/01 01118 025
CITY - ST - ZIP			*****8.75 *****8.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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: 		Date: 4/25/01 Daytime Phone #: 561-654-2000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			

FILED

01 APR 30 AM 11:26

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0911294 **Applied For** ☐ **Not Applicable** ☒

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

CR2E003 (11/00)