# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L00000002826

1. Entity Name OFFICES OF PGA, L.L.C.

Principal Place of Business

800 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401 Mailing Address

800 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401

## **FILED** Apr 30, 2005 08:00 AM Secretary of State



04262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1039909

Applied For Nat Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARSENAULT, GERARD A 800 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401

#### 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

(NOTE, Registered Agent signature required when reinstating)

### Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMILTON, HARRY S 800 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMILTON, LEE COLEE 800 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARSENAULT, GERARD 800 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENE, RANDALL 3222 EMBASSY DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

U00000350294 Q5/Q2/Q5-80096-021 50.00

#### DO NOT WRITE IN THIS SPACE

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

OR AUTHORIZED REPRESENTATIVE