

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000004967

1. Entity Name
PGA NATIONAL RENTAL PROPERTIES, L.L.C.



Principal Place of Business

1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH, FL 33401

Mailing Address

C/O FLORIDA MANAGEMENT COMPANY
P.O. BOX 3267
WEST PALM BEACH, FL 33402



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1099049

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECCLESTONE, E. LLWYD JR.
1555 PALM BEACH LAKES BLVD., SUITE 1100
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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------------|
| TITLE | MGRM |
| NAME | ECCLESTONE, E LLWYD |
| STREET ADDRESS | P.O BOX 3267 |
| CITY- ST- ZIP | WEST PALM BEACH, FL 33402 |
| TITLE | MGRM |
| NAME | YAHN, WILLIAM D |
| STREET ADDRESS | P.O BOX 3267 |
| CITY- ST- ZIP | WEST PALM BEACH, FL 33402 |
| TITLE | EVT |
| NAME | COOPER, RON |
| STREET ADDRESS | 1555 PALM BEACH LAKES BLVD #1100 |
| CITY- ST- ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | V |
| NAME | QUEEN, SUSAN |
| STREET ADDRESS | 1555 PALM BEACH LAKES BLVD #1100 |
| CITY- ST- ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | S |
| NAME | GAMMON, NANNETTE |
| STREET ADDRESS | 1555 PALM BEACH LAKES BLVD #1100 |
| CITY- ST- ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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02/02/07-80020-026 55.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Ron Cooper 1/22/07 561-686-2000

Date

Daytime Phone #