

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90073 008 \*\*\*143.75

**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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142008 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

**ECCLESTONE, E. LLWYD JR.  
1555 PALM BEACH LAKES BLVD., SUITE 1100  
WEST PALM BEACH, FL 33401**

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. 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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
ECCLESTONE, E LLWYD  
P.O BOX 3267  
WEST PALM BEACH, FL 33402**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
YAHN, WILLIAM D  
P.O BOX 3267  
WEST PALM BEACH, FL 33402**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**V/D  
HELENA LEYENDECKER  
1555 PALM BEACH LAKES BLVD, # 1100  
WEST PALM BEACH, FL 33401**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**EVT  
COOPER, RON  
1555 PALM BEACH LAKES BLVD #1100  
WEST PALM BEACH, FL 33401**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**V  
QUEEN, SUSAN  
1555 PALM BEACH LAKES BLVD #1100  
WEST PALM BEACH, FL 33401**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S  
GAMMON, NANNETTE  
1555 PALM BEACH LAKES BLVD #1100  
WEST PALM BEACH, FL 33401**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S/T  
NANNETTE GAMMON  
1555 PALM BEACH LAKES BLVD, # 1100  
WEST PALM BEACH, FL 33401**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**NANNETTE GAMMON**

Date

Daytime Phone #

**2/25/08**