## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L01000019787** 1. Entity Name



PGA NATIONAL REALTY, L.L.C. 34004606 Principal Place of Business Mailing Address 1555 PALM BEACH LAKES BLVD., SUITE 1100 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 80-0024667 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired XX Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ECCLESTONE, E. LLWYD JR. Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401 City Zip Code B. 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, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR TITLE ☐ Change ` ☐ Addition ☐ Delete ECCLESTONE, E LLWYD JR NAME NAME STREET ADDRESS 1555 PALM BEACH LAKES BLVD # 1100 STREET ADDRESS CITY-ST-7IP WEST PALM BEACH, FL 33401 CITY-ST-7IP MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE YAHN, WILLIAM D NAME NAME 1555 PALM BEACH LAKES BLVD # 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change XX Addition MGRM NAME NAME PGAN Operating Company STREET ADDRESS STREET ADDRESS 1555 Palm Beach Lakes Blvd #1100 CITY-ST-ZIP CITY-ST-ZIP West Palm Beach FL 33401 ☐ Delete TITLE ☐ Change <sup>1</sup> ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

BY: PGAN OPERATING COMPANY

Ron Cooper, Vice President

SIGNATURE:

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

4/1/04 561/686-2000

**FILED** 

Apr 29, 2004 8:00 am Secretary of State

04-05-2004 90493 042 \*\*\*\*55.00

Daytime Phone #