

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90041 025 \*\*\*\*\*55.00

**DOCUMENT # L03000010883**

1. Entity Name

MDC PGA PLAZA, LLC



Principal Place of Business

Mailing Address

C/O MENIN DEVELOPMENT COMPANIES, INC.  
201 NORTH U.S. HIGHWAY 1, SUITE D-5  
JUPITER FL 33477

C/O MENIN DEVELOPMENT COMPANIES, INC.  
201 NORTH U.S. HIGHWAY 1, SUITE D-5  
JUPITER FL 33477

2. Principal Place of Business  
3501 PGA Blvd.

3. Mailing Address  
3501 PGA Blvd.

Suite, Apt. #, etc.  
Suite 201

Suite, Apt. #, etc.  
Suite 201

City & State  
Palm Beach Gardens, FL

City & State  
Palm Beach Gardens, FL

Zip  
33410

Country  
Palm Beach

Zip  
33410

Country  
Palm Beach



MOORE CR2E083 (11/03)

4. FEI Number

05-0562305

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

VEGOSEN, DEAN-ESQ.  
NORTHBRIDGE TOWER I, 18TH FLOOR  
515 NORTH FLAGER DRIVE  
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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Delete

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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 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:**

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

Date

Daytime Phone #

2-5-04 561-282-5000