FILED
May 20, 2005 8:00 am
Secretary of State

04-04-2005 90426 002 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000063523

1. Entity Name
PGA SHOP ASSOCIATES, LLC

Principal Place of Business	Mailing Address
1560 SW 14TH DRIVE BOCA RATON, FL 33486	1560 SW 14TH DRIVE BOCA RATON, FL 33486

30006701

01172005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2424 N. Federal Hwy	2424 N. Federal Hwy
Suite, Apt. #, etc. Suite 455	Suite, Apt. #, etc. Suite 455
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33431 Country USA	Zip 33431 Country USA

4. FEI Number 20-1548837 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSENBERG, ANN M
1560 SW 14TH DRIVE
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent
Name Rosenberg, Ann M
Street Address (P.O. Box Number is Not Acceptable) 2424 N. Federal Hwy
Suite 455
City Boca Raton FL Zip Code 33431

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] 3/31/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANNROSE ENTERPRISES, LLC 1560 SW 14TH DRIVE BOCA RATON, FL 33486 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ann Rose Enterprises LLC 2424 N. Federal Hwy Ste. 455 Boca Raton FL 33431 ☒ 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 STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 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] 3/31/05 561-416-9096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #