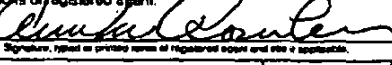


FILED
May 20, 2005 8:00 am
Secretary of State

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 1560 SW 14TH DRIVE BOCA RATON, FL 33486		Mailing Address 1560 SW 14TH DRIVE BOCA RATON, FL 33486	
2. Principal Place of Business 2424 N. Federal Hwy Suite, Apt. #, etc. Suite 455		3. Mailing Address 2424 N. Federal Hwy 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:  DATE: 3/31/05 (NOTE: Registered Agent signature required when switching)			
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	
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	
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:  DATE: 3/31/05		561-416-9096	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone	