


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000063523</b>	
1. Entity Name PGA SHOP ASSOCIATES, LLC	

Principal Place of Business 2424 NORTH FEDERAL HIGHWAY SUITE 455 BOCA RATON, FL 33431 US	Mailing Address 2424 NORTH FEDERAL HIGHWAY SUITE 455 BOCA RATON, FL 33431 US
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**DO NOT WRITE IN THIS SPACE**



01302007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1548837	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROSENBERG, ANN M  
 2424 NORTH FEDERAL HIGHWAY  
 SUITE 455  
 BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANNROSE ENTERPRISES, LLC 2424 NORTH FEDERAL HIGHWAY SUITE 455 BOCA RATON, FL 33431
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 04/24/07-80013-021 55.00

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:** Ann M. Rosenberg **ANN M. ROSENBERG** 4/10/07 561-416-9096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #