


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000059772 1. Entity Name PGA EYE ASSOCIATES, LLC	
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Principal Place of Business 6271 PGA BLVD., SUITE 202 PALM BEACH GARDENS, FL 33418	Mailing Address 6271 PGA BLVD., SUITE 202 PALM BEACH GARDENS, FL 33418
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DO NOT WRITE IN THIS SPACE



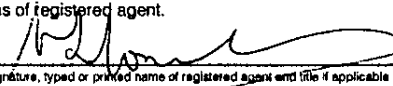
04202008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3106332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROSENBUSH, VIVIANNE L 6271 PGA BLVD SUITE 202 PALM BEACH GARDENS, FL 33418
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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  <u>Vivienne Rosenbusch</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>4/20/08</u> <small>DATE</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U000000920891 05/14/08-80063-008 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENBUSCH, VIVIANNE L 6271 PGA BLVD, SUITE 202 PALM BEACH GARDENS, FL 33418
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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:  <u>Vivienne Rosenbusch</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>4/20/08</u> <u>561-241-5665</u> <small>Date Daytime Phone #</small>