


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90130 034 ***138.75

DOCUMENT # L98000002752

1. Entity Name
PGA DEVELOPMENT ASSOCIATES, L.C.



Principal Place of Business 3950 RCA BLVD #5000 PALM BEACH GARDENS, FL 33410	Mailing Address 3950 RCA BLVD #5000 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0881528	Applied For Not Applicable
Zip	Country	Zip	Country

02082008 Chg-LLC CR2E083 (12/06)

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

GARY, JOHN W III
701 US HWY ONE
SUITE 402
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BILLS, JOHN C			NAME			
STREET ADDRESS	3950 RCA BLVD #5000			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFIN, JAMES E			NAME			
STREET ADDRESS	3950 RCA BLVD #5000			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLOSKEY, THOMAS D JR			NAME			
STREET ADDRESS	PO BOX 7759			STREET ADDRESS			
CITY-ST-ZIP	ASPEN, CO 81612			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BILLS, JOHN CLARK			NAME			
STREET ADDRESS	3950 RCA BLVD.			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE	ORD, JOHN	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	URD, JOHN			NAME			
STREET ADDRESS	PO BOX 7759			STREET ADDRESS			
CITY-ST-ZIP	ASPEN, CO 81612			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  **3/3/08** **561-627-4000**

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