

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 19, 2001 08:00 AM

Secretary of State

DOCUMENT # L99000000807

1. Entity Name
PGA COMMONS TOWNHOMES, LLC

Principal Place of Business 3300 PGA BLVD., SUITE 550 PALM BEACH GARDENS FL 33410	Mailing Address 3300 PGA BLVD., SUITE 550 PALM BEACH GARDENS FL 33410
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2. Principal Place of Business 5520 PGA BLVD., SUITE 200 Suite, Apt. #, etc.	3. Mailing Address 5520 PGA BLVD., SUITE 200 Suite, Apt. #, etc.
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City & State PALM BEACH GARDENS FL	City & State PALM BEACH GARDENS FL	4. FEI Number 65-0950950	Applied For <input type="checkbox"/> Not Applicable
Zip 33418	Country US	Zip 33418	Country US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR

MIAMI FL 33133 US

7. Name and Address of New Registered Agent

Name
CHANNING JON HMGR

Street Address (P.O. Box Number is Not Acceptable)
5520 PGA BLVD
200

City
PALM BEACH GARDENS FL Zip Code
33418

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.

SIGNATURE JON H. CHANNING DATE 07/19/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANNING JON H 3300 PGA BLVD., SUITE 550 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANNING JOEL B 3300 PGA BLVD., SUITE 550 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANNING JON H 5520 PGA BLVD., SUITE 200 PALM BEACH GARDENS FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANNING JOEL B 5520 PGA BLVD., SUITE 200 PALM BEACH GARDENS FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: JON H. CHANNING MGR Date 07/19/2001 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (1/00)