

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	3. Mailing Address 5520 PGA BLVD., SUITE 200
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PALM BEACH GARDENS FL	City & State PALM BEACH GARDENS FL
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Zip 33418	Country	Zip 33418	Country
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4. FEI Number 65-0950950	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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****07/19/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 07/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)