2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 18 AM 8:33

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DOCUMENT # L99000000810

1. Entity Name

PGA COMMONS, LLC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3300 PGA BLVD., SUITE 550 PALM BEACH GARDENS FL 33410	3300 PGA BLVD., SUITE 550 PALM BEACH GARDENS FL 33410

2. Principal Place of Business	3. Mailing Address
5520 PGA Blvd	5520 PGA Blvd
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: P.B. Gardens, FL	City & State: P.B. Gardens, FL
Zip: 33418 Country: USA	Zip: 33413 Country: USA

4. FEI Number: 65-0950953 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR MIAMI FL 33133	Name: Jon H. Channing Street Address (P.O. Box Number is Not Acceptable): 5520 PGA Blvd #200 City: P.B. 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 _____ 4-27-01
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			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHANNING, JOEL B 3300 PGA BLVD., SUITE 550 PALM BEACH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHANNING, JOEL B. 5520 PGA Blvd Fl 200 P.B. GARDENS, FL 33418	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHANNING, JON H 3300 PGA BLVD., SUITE 550 PALM BEACH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHANNING, JON H. 5520 PGA Blvd #200 P.B. GARDENS FL 33418	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100004271391-6 -05/18/01--01083--037 ****200.00 ****50.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

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: _____ 4-25-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #