

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90058 013 ****50.00

DOCUMENT # L99000000810

1. Entity Name
PGA COMMONS, LLC



Principal Place of Business
**5520 PGA BLVD., SUITE 200
PALM BEACH GARDENS, FL 33418**

Mailing Address
**5520 PGA BLVD., SUITE 200
PALM BEACH GARDENS, FL 33418**



04192004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**CHANNING, JON H
5520 PGA BLVD., #200
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **CHANNING, JOEL B**
STREET ADDRESS **5520 PGA BLVD., #200**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **MGR**
NAME **CHANNING, JON H**
STREET ADDRESS **5520 PGA BLVD., #200**
CITY-ST-ZIP **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 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: _____

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

Date

Daytime Phone #