

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY -1 AM 9:41

DOCUMENT # M01000002674

1. Entity Name  
LB FLORIDA PGA LLC



Principal Place of Business  
745 7TH AVE.  
NEW YORK, NY 10019

Mailing Address  
70 HUDSON ST.  
JERSEY CITY, NJ 07302

**DO NOT WRITE IN THIS SPACE**

04072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
52-1982006

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE PD  
NAME MAHONEY, JAMES  
STREET ADDRESS 745 7TH AVE.  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE T  
NAME BENEDETTI, ALPINO  
STREET ADDRESS 745 7TH AVE.  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE S  
NAME VILLONGCO, ANGELES  
STREET ADDRESS 745 7TH AVE.  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE AS  
NAME GUTH, AARON  
STREET ADDRESS 745 7TH AVE.  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200074151832  
05/08/06--01017--011 \*\*1750.00

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IN THIS SPACE**

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

02/10/06 201 499 6899  
Date Daytime Phone #