

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
07 MAY -9 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03292007No Chg-LLC CR2E083 (11/05)

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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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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, 2007**

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	

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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: Aaron J. Guth Aaron J. Guth 04/17/07 (201) 499-6899

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

Date

Daytime Phone #