

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

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



03252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

U000000907880
05/05/03-80048-001 833.75

**DO NOT WRITE
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: *Barry J. O'Brien*

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

04/03/07

Date

(201) 499-6661

Daytime Phone #