

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 30 AM 10:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # M02000003171
1. Entity Name
3801 PGA GP HOLDING, LLC

Principal Place of Business
**3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS, FL 33410**

Mailing Address
**3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1038382

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**REGSERV CORP.
3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 3801 PGA LP HOLDING, LTD. 3801 PGA BOULEVARD, SUITE 600 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100017562111 04/30/03--01055--001 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Patrick J. DiSalvo* **Patrick J. DiSalvo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 4/1/03 **4/1/03**
Date

Daytime Phone #: (561) 630-5055 **(561) 630-5055**
Daytime Phone #

CR2E083 (10/02)