

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90072 013 ****50.00

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1. Entity Name
PGA INTERACTIVE, LLC



Principal Place of Business
**100 AVENUE OF THE CHAMPIONS
PALM BEACH GARDENS, FL 33418**

Mailing Address
**P.O. BOX 109601
PALM BEACH GARDENS, FL 33410-9601**

24021002



03012004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0810782

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARRITY, CHRISTINE
100 AVENUE OF THE CHAMPIONS
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	SHANK, TIM
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	MGR
NAME	ORENDER, M.G.
STREET ADDRESS	100 AVE. OF THE CHAMPIONS
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	MGR
NAME	STERANKA, JOE
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGR
NAME	GARRITY, CHRISTINE
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Christine Garrity/Christine Garrity
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/4/04
Date

561 624 8548
Daytime Phone #