

2004 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A03007

1. Entity Name
PROGRESS ENTERPRISES, LTD.

FILED

2004 NOV 10 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8130 BAYMEADOWS CR W., SUITE 212 JACKSONVILLE, FL 32256		Mailing Address P.O. BOX 17547 JACKSONVILLE, FL 32245	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10192004 REIN-LP CR2E100 (6/04)

4. FEI Number
59-1530095Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUTHERLAND, PAUL L.
8130 BAYMEADOWS CR W., SUITE 212
JACKSONVILLE, FL 32256

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$100.0010. Amount of Capital Contributions
in FLORIDA to date.In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE:**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L27367	STREET ADDRESS	
NAME	PROGRESS ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	8130 BAYMEADOWS CR W., SUITE 212		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

L. P.

10-19-04

904-739-0309