


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001670</b> 1. Entity Name <b>PROGRESSIVE INVESTING ENTERPRISES LTD.</b>					
Principal Place of Business <b>PO BOX 290924</b> <b>TEMPLE TERRACE, FL 33637</b>			Mailing Address <b>P.O. BOX 290924</b> <b>TEMPLE TERRACE, FL 33687-0924</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3605778</b>	
5. Name and Address of Current Registered Agent  <b>BECKMAN, JOSEF D</b> <b>215 N BANNOCKBURN AVE</b> <b>TEMPLE TERRACE, FL 33617</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. <b>\$150,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P03000075457		STREET ADDRESS		
NAME	MPBODUL, INC.		CITY - ST - ZIP		
STREET ADDRESS	7517 NW 127 MANOR		STREET ADDRESS		
CITY - ST - ZIP	PARKLAND, FL 33076		CITY - ST - ZIP		
DOCUMENT #	P03000075415		STREET ADDRESS	U000000158442	
NAME	EQUITY CAPITAL VENTURES, INC.		CITY - ST - ZIP	05-07-04-80022-005 526.25	
STREET ADDRESS	215 BANNOCKBURN AVE		STREET ADDRESS		
CITY - ST - ZIP	TEMPLE TERRACE, FL 33617		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			J. DAVID L. BECKMAN PRES. PCV, INC. 4-28-04 813 245 8010 <small>Date Daytime Phone #</small>		

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