2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008

DOCUMENT # A99000001670

PROGRESSIVE INVESTING ENTERPRISES LTD.



Principal Place of Business

Mailing Address

PO BOX 290924 TEMPLE TERRACE, FL 33637

P.O. BOX 290924

TEMPLE TERRACE, FL 33687-0924

FILED Apr 28, 2008 08:00 AN Secretary of State



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01082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3605778

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKMAN, JOSEF D 215 N BANNOCKBURN AVE TEMPLE TERRACE, FL 33617

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The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.	d office or registered agent, or l	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and side if applicable.		DATE
FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00		

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 P03000075457 DOCUMENT # MPBODUL, INC. NAME STREET ADDRESS 7517 NW 127 MANOR CITY-ST-ZIP PARKLAND, FL 33076 P03000075415 DOCUMENT # **EQUITY CAPITAL VENTURES, INC.** NAME STREET ADDRESS 215 BANNOCKBURN AVE CITY-ST-ZIP TEMPOLE TERRACE, FL 33617 DOCUMENT # NAME STREET ADDRESS CHTY - ST - ZIP DOCUMENT # NAME STREET ADDRESS

U00000930920 05/21/08-80129-006 500.00

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14. I hereby certify that the information supplied with this filling 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CHTY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP