

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90088 027 ****50.00

DOCUMENT # L02000005297

1. Entity Name
PROGRESS 2002, LLC



Principal Place of Business

6601 LYONS ROAD
COCONUT CREEK, FL 33073

Mailing Address

6601 LYONS ROAD
COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE



04082005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0415891

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GAL, BEN
6601 LYONS ROAD
COCONUT CREEK, FL 33073

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME SHARONL, RON I
STREET ADDRESS 6601 LYONS RD
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE MGRM
NAME GAL, BEN
STREET ADDRESS 6601 LYONS RD
CITY-ST-ZIP COCONUT, FL 33073

TITLE P
NAME LIVINI, RON
STREET ADDRESS 6601 LYONS ROAD
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #