

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90062 038 ***138.75

DOCUMENT # L02000005604 1. Entity Name PROGRESSIVE MANAGEMENT GROUP, LLC					
Principal Place of Business 7680 CAMBRIDGE MANOR PL # 100 FORT MYERS, FL 33907 US			Mailing Address PO BOX 60195 FORT MYERS, FL 33906-6195		
2. Principal Place of Business - No P.O. Box # 12631 Westlinks Dr Suite, Apt. #, etc. #7		3. Mailing Address Suite, Apt. #, etc. City & State Fort Myers FL Zip 33913 Country US			
4. FEI Number 03-0404930		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WAYLAND, TERRY R JR 7680 CAMBRIDGE MANOR PL STE 101 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12631 Westlinks Dr, Suite 7 City Fort Myers FL Zip Code 33913		
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 <u><i>Terry Wayland</i></u> Terry Wayland 4-25-08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAYLAND, TERRY R JR PO BOX 60195 FORT MYERS, FL 33906	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing 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 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: <u><i>Terry Wayland</i></u> Terry Wayland 4-25-08 239-275-1320 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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