## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000010200

1. Entity Name EL PROGRESO PLAZA, LLC



FILED Apr 16, 2007 08:00 All Secretary of State

Principal Place of Business

Mailing Address

11710 N.W. SOUTH RIVER DRIVE, SUITE 216 MEDLEY, FL 33178

11710 N.W. SOUTH RIVER DRIVE, SUITE 216 MEDLEY, FL 33178



03132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0677310

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

FERNANDEZ, IRIS M 11710 N.W. SOUTH RIVER DRIVE, SUITE 216 MEDLEY, FL 33178

## DO NOT WRITE IN THIS SPACE

		IN I FIII	IN THIS SPACE	
8. The above the obligat	e named entity submits this statement for the purpose of chartions of registered agent.	nging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
F	lling Fee Is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EL PROGRESSO INVESTMENTS, INC 11710 NW SOUTH RIVER DR #216 MIAMI, FL 33178			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	S SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000711873	
TITLE		04/	26/07-80024-023 50.00	

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:

STREET ADDRESS CITY-ST-ZIP

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

De

Dayume Phone #