2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000022891

1. Entity Name
PROGENY INVESTMENTS, LLC

Principal Place of Business	Mailing Address
3321 HENDERSON BOULEVARD TAMPA, FL 33609	3321 HENDERSON BOULEVARD TAMPA, FL 33609

01052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0793896
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GIBBONS, KIRK M
3321 HENDERSON BOULEVARD
TAMPA, FL 33609

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GIBBONS, HELEN C
STREET ADDRESS	3321 HENDERSON BLVD
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	MGR
NAME	GIBBONS, KIRK M
STREET ADDRESS	3321 HENDERSON BLVD
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	MGR
NAME	GIBBONS, GARY A
STREET ADDRESS	3321 HENDERSON BLVD
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000427453
02/21/06-80009-005 50.00

DO NOT WRITE IN THIS SPACE

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: Gary A. Gibbons, Manager 1/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #