

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029703

FILED
Jun 19, 2004
Secretary of State

Entity Name: PROGRESSIVE OFFICE INTERIORS LLC

Current Principal Place of Business:

938A ANCHORS ST NW
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

638A ANCHORS ST NW
FORT WALTON BEACH, FL 32548

Current Mailing Address:

2062 BLUE VIEW CT.
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 74-3068034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POE, GARY D
2062 BLUE VIEW CT.
NAVARRE, FL 32566

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: POE, GARY
Address: 2062 BLUE VIEW CT.
City-St-Zip: NAVARRE, FL 32566

Title: MGRM () Delete
Name: POE, ADAM
Address: 2062 BLUE VIEW CT.
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POE, GARY D CFO
Address: 2062 BLUE VIEW CT.
City-St-Zip: NAVARRE, FL 32566

Title: MGRM (X) Change () Addition
Name: POE, ADAM COO
Address: 2062 BLUE VIEW CT.
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 D. POE

CFO

06/19/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date