

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014602

FILED
Apr 29, 2005
Secretary of State

Entity Name: PROGESS PRIVATE EQUITY, LLC.

Current Principal Place of Business:

7730 NW 72 AVENUE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7730 NW 72 AVENUE
MIAMI, FL 33166

New Mailing Address:

FEI Number: 01-0795738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JULIA, ROBERT J
7730 NW 72 AVENUE
MIAMI, FL 33166 US

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: JULIA, ROBERT J
Address: 8042 NW 161 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM () Delete
Name: DE SOUSA, FRANCISCO N
Address: 2457 COLLINS AVENUE, APT. 505
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: DE SOUSA, PETER N
Address: 2457 COLLINS AVE, APT. 505
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JULIA, ROBERT J
Address: 8042 NW 161 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT JULIA

MGR

04/29/2005

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