


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90214 018 ****50.00

DOCUMENT # L03000035194	
1. Entity Name PROGRESSIVE HOME SOLUTIONS L.L.C.	

Principal Place of Business 1012 RUSSELL DR. HIGHLAND BEACH, FL 33487	Mailing Address 1012 RUSSELL DR. HIGHLAND BEACH, FL 33487
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2. Principal Place of Business 1730 SOUTH FEDERAL HWY SUITE 276	3. Mailing Address 1730 SOUTH FEDERAL HWY SUITE 276
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City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33483	Zip 33483
Country USA	Country USA



02182004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVE. NORTH NAPLES, FL 34102	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANTHONY VIRUES 1730 SOUTH FEDERAL HWY STE 276 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Anthony Virues **ANTHONY VIRUES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/17/04 561-706-9627
Date Daytime Phone #