

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000018215

1. Entity Name
PROGRESSIVE DIRECTIONS, LLC



Principal Place of Business
**12900 44TH STREET NORTH
CLEARWATER, FL 33762**

Mailing Address
**12900 44TH STREET NORTH
CLEARWATER, FL 33762**



04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1700129	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LIVINGSTON, BRUCE
12900 44TH STREET NORTH
CLEARWATER, FL 33762**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

(1A1)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000924899
05/20/08-80005-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LIVINGSTON, BRUCE V PRES 12900 44TH STREET NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LIVINGSTON, DEIDRA S VPST 12900 44TH STREET NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIVINGSTON, CHRISTOPHER W D 12900 44TH STREET NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIVINGSTON, JEFFREY B D 12900 44TH STREET NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: _____

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

4-24-08

Date

727-561-9292

Daytime Phone #