

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90306 012 ****50.00

DOCUMENT # L04000055715



1. Entity Name
PROGRESSO VILLAGE APARTMENTS, LLC

Principal Place of Business
**5661 NE 6TH AVENUE
FORT LAUDERDALE, FL 33334**

Mailing Address
**5661 NE 6TH AVENUE
FORT LAUDERDALE, FL 33334**

20005189



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**Bill Gerrity Inc. Suite F
2737 E. Oakland Park Blvd.
Fort Lauderdale, FL 33306**

**St Bill Gerrity Inc. Suite F
2737 E. Oakland Park Blvd.
C Fort Lauderdale, FL 33306**

01212007 Chg-LLC CR2E083 (12/06)

4. FEI Number
73-1638539

Applied For
Not Applicable

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**GERRITY, WILLIAM C
5661 NE 6TH AVENUE
FORT LAUDERDALE, FL 33334**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GERRITY, WILLIAM C
4420 NORTHEAST 15TH AVENUE
OAKLAND PARK, FL 33334** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**William C Gerrity
2737 E. Oakland Park Blvd. Suite F
Ft. Lauderdale, Florida 33306** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/26/2007 0545645321
1/23/07 954-394-2400