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

20005189

Principal Place of Business	Mailing Address
5661 NE 6TH AVENUE FORT LAUDERDALE, FL 33334	~~5661 NE 6TH AVENUE~~ ~~FORT LAUDERDALE, FL 33334~~

01212007 Chg-LLC CR2E083 (12/06)

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

4. FEI Number 73-1638539 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GERRITY, WILLIAM C 5661 NE 6TH AVENUE FORT LAUDERDALE, FL 33334	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GERRITY, WILLIAM C		NAME	William C Gerrity	
STREET ADDRESS	4420 NORTHEAST 15TH AVENUE		STREET ADDRESS	2737 E. Oakland Park Blvd. Suite F	
CITY-ST-ZIP	OAKLAND PARK, FL 33334		CITY-ST-ZIP	Ft. Lauderdale, Florida 33306	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: William C Gerrity
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/26/2007 (954) 566-5781
Date Daytime Phone #

2/22/07 # 954-294-2400