

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90085 005 ****50.00

20041769



04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number ☐ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, GREGORY R
712 U.S. HIGHWAY ONE, STE. 400
NORTH PALM BEACH, FL 33408

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGR	SALEX PARTNERS, L.L.C.	826 Dakota Drive #101 Jupiter, FL 33458
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGR	JMS AND LMP Holdings, L.L.C.	18171 SE ISLAND DRIVE TEQUESTA, FL 33469
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGR	JUPITER ORTHOPAEDIC PARTNERS, L.L.C.	1411 NORTH FLAGLER DRIVE, #5600 WEST PALM BEACH, FL 33401
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGR	PONCY PROPERTIES, L.L.C.	18842 POINT DRIVE TEQUESTA, FL 33469
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	MGR	LU-NORTH PB COUNTY, L.L.C.	3370 BURNS ROAD, #105 PALM BEACH GARDENS, FL 33410
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGR	NEWFIELD HOLDINGS, L.L.C.	140 JUPITER LAKES, BLVD JUPITER, FL 33458

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

Date _____ Daytime Phone # _____

4/24/06 561-625-9575

Over
please

2006 LIMITED LIABILITY COMPANY ATTACHMENT ANNUAL REPORT

DOCUMENT # L05000005600 1. Entity Name PROGRESSIVE VENTURES, LLC					
Principal Place of Business 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH, FL 33408				Mailing Address 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH, FL 33408	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04272006 Chg-LLC CR2E083 (11/05)	
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, GREGORY R 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH, FL 33408				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	TREASURE COAST MEDICAL REALTY, L.L.C.		
STREET ADDRESS		STREET ADDRESS	938 S.W. MARTIN DOWNS BLVD		
CITY-ST-ZIP		CITY-ST-ZIP	PALM CITY, FL 34990		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	TSUNAMEX REALTY, L.L.C.		
STREET ADDRESS		STREET ADDRESS	8804 CITATION DRIVE		
CITY-ST-ZIP		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	PALM BEACH COMMONS CARDIOLOGY, L.L.C.		
STREET ADDRESS		STREET ADDRESS	600 UNIVERSITY BLVD, #200		
CITY-ST-ZIP		CITY-ST-ZIP	JUPITER, FL 33458		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	J+J LOPEZ, L.L.C.		
STREET ADDRESS		STREET ADDRESS	296 FLAMENGO POINT NORTH		
CITY-ST-ZIP		CITY-ST-ZIP	JUPITER, FL 33458		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	DHANAM, L.L.C.		
STREET ADDRESS		STREET ADDRESS	108 LA VIDA COURT		
CITY-ST-ZIP		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		4/24/06 561-625-9575 <small>Date Daytime Phone #</small>			