

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000012746

1. Entity Name
PROGRESSIVE REALTY PARTNERS, LLC



Principal Place of Business
**7680 CAMBRIDGE MANOR PL
100
FORT MYERS, FL 33907**

Mailing Address
**P.O. BOX 60195
FORT MYERS, FL 33906**

DO NOT WRITE IN THIS SPACE



02162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
86-1151148

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WAYLAND, TERRY
7680 CAMBRIDGE MANOR PL STE 100
WEST PALM BEACH, FL 33407**

**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)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WAYLAND, TERRY R
P.O. BOX 60195
FORT MYERS, FL 33906**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DUCKWORTH, STEPHEN M
P.O. BOX 1497
NAPLES, FL 34106**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000678590
04/03/07-80004-012 50.00

**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

Date

Daytime Phone #

Terry Wayland 2-16-2007 239-275-8320