

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000035641

1. Entity Name  
AH PROGRESS PROPERTIES LLC



Principal Place of Business  
214 SOUTH SHORE CREST DRIVE  
TAMPA, FL 33609

Mailing Address  
214 SOUTH SHORE CREST DRIVE  
TAMPA, FL 33609



04112008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0759988

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ARCHERD, FREDERIC M JR  
214 S. SHORE CREST DRIVE  
TAMPA, FL 33609

**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

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

U00000903897  
04/30/08-80064-009 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME ARCHERD, FREDERIC M JR.  
STREET ADDRESS 214 SHORE CREST DRIVE  
CITY- ST- ZIP TAMPA, FL 33609

TITLE MGR  
NAME HENDRY, HAYNES  
STREET ADDRESS 6208 BAYSHORE BLVD.  
CITY- ST- ZIP TAMPA, FL 33611

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
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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

Date

Daytime Phone #