



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90244 040 ****50.00

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|--|---|---|---|--|--|
| DOCUMENT # L05000055820 1. Entity Name PROGRESSIVE MOBILITY CONSULTANTS, LLC | | | |  | |
| Principal Place of Business 9327 BRIDLEWOOD DRIVE NEW PORT RICHEY, FL 34654 | | | Mailing Address 9327 BRIDLEWOOD DRIVE NEW PORT RICHEY, FL 34654 | | |
| 2. Principal Place of Business 4152 Rowan Road | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State New Port Richey, FL | | City & State | | 4. FEI Number 20-2950949 | |
| Zip 34653 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PFOST, TROY 9327 BRIDLEWOOD DRIVE NEW PORT RICHEY, FL 34654 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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, 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, 2006 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PFOST, TROY 9327 BRIDLEWOOD DRIVE NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  | | | 2-21-06 727.3155525 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |