2006 LIMITED LIABILITY COMPANY

Apr 28, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L05000105757 04-28-2006 90023 029 ****55.00 1. Entity Name PROGRESSIVE CONSTRUCTION SERVICES, LLC. Principal Place of Business Mailing Address 20038472 5564 SW 112TH TERRACE 5564 SW 112TH TERRACE COOPER CITY, FL 33330 COOPER CITY, FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272006 Chg-LLC CR2E083 (11/05) City & State Applied For City & State 4. FEI Number 04-3831767 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NELSON, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 5564 SW 11TH TERRACE COOPER CITY, FL 33330 City 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 Signature, typed or printed name of registered agent and tritle if applicable DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Managing Member PR TITLE ☐ Delete TITLE Change . ☐ Addition William Nelson NELSON, WILLIAM NAME NAME 5564 SW 112 Terr STREET ADDRESS 5564 SW 112TH TERRACE STREET ADDRESS cooper city, FL 33330 COOPER CITY, FL 33330 CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE Change ■ Addition OTTENWALDER, AQUILINO NAME NAME STREET ADDRESS 8160 NW 12TH STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-7IP Delete ☐ Addition TITLE Change Change TITLE NAME OTTENWALDER, RHADAMES STREET ADDRESS 3136 PEACH TREE CIRCLE STREET ADDRESS **DAVIE, FL 33328** CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE SEC BRUNO, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS **5927 SW 114TH AVENUE** COOPER CITY, FL 33330 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

☐ Delete

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME O MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

April 25/06

954-689-4743

☐ Change

☐ Addition

FILED