

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90023 031 ****50.00

DOCUMENT # L05000108083

1. Entity Name
PROGENY FUND, LLC



Principal Place of Business
**140 S. BEACH STREET
SUITE 400
DAYTONA BEACH, FL 32114 US**

Mailing Address
**P.O. BOX 269
DAYTONA BEACH, FL 32115-0269 US**

20038470



2. Principal Place of Business
440 WESTERN RD
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 29 1278
Suite, Apt. #, etc.

04252006 Chg-LLC CR2E083 (11/05)

City & State
NEW SMYRNA BEACH FL
Zip
32168 8971 Country
US

City & State
PORT ORANGE FL
Zip
32129-1278 Country
US

4. FEI Number
20 4162399

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLICK, JAMES J
112 LAKE AVENUE
ORLANDO, FL 32801**

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

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BULLARD, ROBERT R
140 S. BEACH STREET, #400
DAYTONA BEACH, FL 32115** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**>SAME
440 WESTERN RD
NEW SMYRNA BEACH FL 32168** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #

Robert Bullard **Robert Bullard** **4/28/06** **386 428 7361**