

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106139

FILED
Jan 10, 2007
Secretary of State

Entity Name: PROGRESSIVE PAYMENT SYSTEMS, LLC

Current Principal Place of Business:

745 U.S. HWY ONE STE 207
N. PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:
745 U.S. HWY ONE STE 207
N. PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 20-5823968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

ROTTKAMP, MICHAEL
3260 FLANAGAN AVENUE
WEST MELBOURNE, FL 32904 US

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.

SIGNATURE: MICHAEL ROTTKAMP

01/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARTIN, DANIEL
Address: PO BOX 700
City-St-Zip: ANGEL FIRE, NM 87110

Title: MGR () Delete
Name: ROTTKAMP, DAVE
Address: 2 WYCLIFF COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR () Delete
Name: ROTTKAMP, MICHAEL
Address: 3260 FLANAGAN AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL MARTIN

MGR

01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date