2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 17, 2008 8:00 am Secretary of State

ANNUAL REPURI					Secretary of State				
DOCUMENT # L07000110525 1. Entity Name PROGRESS PLAZA, LLC					03-17-2008 90258 039 ***138.75				
Principal Place of Bus 15105 NW 94TH AV ALACHUA, FL 3261	VENUE	Mailing Address 15105 NW 94TH AVENUI ALACHUA, FL 32615	E	••		,	OLGO FIDEN HOOF OG	e r a llfi n final áirí	eri (1) (31)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02192008	Chg-LLC	CR2E08	33 (12/06)	
City & State		City & State			4. FEI Numb	er 103333	0	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	e of Status Desired		55.00 Addi ee Required	
6. ?	Name and Address of Current R	legistered Agent			7. Name and	d Address of New	Registered A	gent	
WALLACE, ROB			Name Street /	Addross (O Pov Numb	per is Not Acceptab	oto)		
15105 NW 94TH ALACHUA, FL 3			3(166)) sasinor	P.O. BOX NUME	er is Not Acceptab	ле) 		
			City				FL	Zip Code	
	d entity submits this statement for	the purpose of changing its re	egistered office o	r register	ed agent, or bo	oth, in the State of F] amiliar with, a	and accept
the obligations of	registered agent.								
SIGNATURESignature	e, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signa	ture roquired	when reinstating)		DATE		
Signature FILE NOW	e. typed or printed name of registered agent ar VIII FEE IS \$138.75 008 Fee will be \$538.75	nd title if applicable. (NOTE: F	Registored Agent signa	ture roquired	when reinstating)		DATE ike check pa da Departme	•	· · · · · · · · · · · · · · · · · · ·
Signature FILE NOW	V!!! FEE IS \$138.75		Registered Agent signa	ture roquired	when reinstating)	Florid	ike check pa	•	
FILE NOW After May 1, 20	VIII FEE IS \$138.75 008 Fee will be \$538.75			6a 151 AL	W, Del 05 NV achua	ADDITIONS SORAH A V 94 A FL 32	ike check pa da Departme S/CHANGES	Change	⊋ Addition
FILE NOW After May 1, 20 9. TITLE NAME STREET ADDRESS.	VIII FEE IS \$138.75 008 Fee will be \$538.75	RS/MANAGERS	10. HITLE NAME STREET ADDRESS	6a 151 AL	w Del	ADDITIONS SORAH A V 94 A FL 32	ike check pa da Departme S/CHANGES	Change	
FILE NOW After May 1, 20 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VIII FEE IS \$138.75 008 Fee will be \$538.75	RS/MÁNAĞERS Delete	10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	6a 151 AL	W, Del 05 NV achua	ADDITIONS SORAH A V 94 A FL 32	ike check pa da Departme S/CHANGES	Change	⊘ Addition
FILE NOW After May 1, 20 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VIII FEE IS \$138.75 008 Fee will be \$538.75	RS/MANAGERS Delete Delete	10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	6a 151 AL	W, Del 05 NV achua	ADDITIONS SORAH A V 94 A FL 32	ike check pa da Departme S/CHANGES	Change	☑ Addition
FILE NOW After May 1, 20 9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	VIII FEE IS \$138.75 008 Fee will be \$538.75	RS/MANAGERS Delete Delete Delete	10. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	6a 151 AL	W, Del 05 NV achua	ADDITIONS SORAH A V 94 A FL 32	ike check pa da Departme S/CHANGES	Change	Addition Addition
FILE NOW After May 1, 20 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIII FEE IS \$138.75 008 Fee will be \$538.75	RS/MANAGERS Delete Delete Delete Delete	10. HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP	Ga 151 ALI	W, Dell 05 NV achua e: Mé	ADDITIONS OF A H V 94 th A FL 33 th ERM	ike check pa da Departme S/CHANGES A venue	Change Change Change Change Change	Addition Addition Addition Addition

11. I nereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. 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: 10 LUT VEB EVET D. WALLAGE 318 108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date

Date Options Phone