

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001885

FILED
Apr 25, 2008
Secretary of State

Entity Name: PROGRESSIVE INVESTMENT GROUP, L.C.

Current Principal Place of Business:

728 N.W. 8TH AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

728 N.W. 8TH AVENUE
GAINESVILLE, FL 32601 US

Current Mailing Address:

PO BOX 2218
GAINESVILLE, FL 32602

New Mailing Address:

PO BOX 2218
GAINESVILLE, FL 32602 US

FEI Number: 59-3566676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, STEPHEN A
728 N.W. 8TH AVENUE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCOTT, STEPHEN A
Address: 728 N.W. 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM () Delete
Name: CHESHIRE, LARRY
Address: 4609 NW 6TH STREET, SUITE B3
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCOTT, STEPHEN A
Address: 728 N.W. 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: MGRM (X) Change () Addition
Name: CHESHIRE, LARRY
Address: 1325 NW 53RD AVE., SUITE E
City-St-Zip: GAINESVILLE, FL 32653 US

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: STEPHEN A. SCOTT

MGRM

04/25/2008

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