

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113458

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** PROFESSIONAL REAL-ESTATE INVESTMENT & DEVELOPMENT ENTERPRISE, LLC

**Current Principal Place of Business:**

930 SOUTH HARBOR CITY BOULEVARD  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

930 SOUTH HARBOR CITY BOULEVARD  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 20-8105622      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KANCILIA, JOHN R  
1800 W. HIBISCUS BOULEVARD  
SUITE 138  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

KANCILIA, JOHN R  
1795 NASA BOULEVARD  
MELBOURNE, FL 32901 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/24/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PHYSICIANS DEVELOPME, NT, L.C.  
Address: 930 SOUTH HARBOR CITY BOULEVARD  
City-St-Zip: MELBOURNE, FL 32901 US

**ADDITIONS/CHANGES:**

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: MARTIN LENOCI

MGR

03/24/2009

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