


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State


04-20-2006 90027 013 ****50.00

DOCUMENT # L03000036081	
1. Entity Name LUCERNE PROFESSIONAL LEASING, LLC	

Principal Place of Business 3491 EAST HINSON AVENUE HAINES CITY, FL 33844	Mailing Address PO BOX 1699 WINTER HAVEN, FL 33882
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2. Principal Place of Business 5860 S.R. 544	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Haven, FL	City & State
Zip 33881	Country USA



04072006 Chg-LLC CR2E083 (11/05)


6. Name and Address of Current Registered Agent WILLIS, DONNA JO 3491 EAST HINSON AVENUE HAINES CITY, FL 33844	
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7. Name and Address of New Registered Agent Name Donna Jo Willis Street Address (P.O. Box Number is Not Acceptable) 180 Old Spanish Way City Winter Haven FL Zip Code 33884	
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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  Donna J. Willis 4/10/06
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM JO WILLIS, DONNA 3491 E. HINSON AVE. HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	mgrm Donna Jo Willis 180 Old Spanish Way Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM WILLIS, MICHAEL R 3491 E. HINSON AVE. HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	mgrm Michael R. Willis 180 Old Spanish Way Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Donna J. Willis 4/10/06 863-422-1516	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE