


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000036081 1. Entity Name LUCERNE PROFESSIONAL LEASING, LLC	
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Principal Place of Business 5860 S.R. 544 WINTER HAVEN, FL 33881	Mailing Address PO BOX 1699 WINTER HAVEN, FL 33882
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02132007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0587189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIS, DONNA JO
180 OLD SPANISH WAY
WINTER HAVEN, FL 33884**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature of the registered agent or the person designated to act as the registered agent. (If the registered agent is a corporation, the signature of the president or authorized officer is required.) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM JO WILLIS, DONNA 180 OLD SPANISH WAY WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM WILLIS, MICHAEL R 180 OLD SPANISH WAY WINTER HAVEN, FL 33884
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02/28/07-80019-025 50.00

**DO NOT WRITE
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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 Donna J Willis 2/13/07 863-294-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE