2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# L03000036081

Entity Name: LUCERNE PROFESSIONAL LEASING, LLC

Current Principal Place of Business:

5860 S.R. 544
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

PO BOX 1699
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 05-0587189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIS, DONNA JO
180 OLD SPANISH WAY
WINTER HAVEN, FL 33884 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: JO WILLIS, DONNA
Address: 180 OLD SPANISH WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGRM ( ) Delete
Name: WILLIS, MICHAEL R
Address: 180 OLD SPANISH WAY
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DONNA JO WILLIS MGRM 04/07/2009

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