

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000113458

**FILED**  
**Apr 30, 2012**  
**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:**

330 FIFTH AVENUE  
INDIALANTIC, FL 32903 US

**Current Mailing Address:**

930 SOUTH HARBOR CITY BOULEVARD  
MELBOURNE, FL 32901 US

**New Mailing Address:**

330 FIFTH AVENUE  
INDIALANTIC, FL 32903 US

**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  
1795 NASA BOULEVARD  
MELBOURNE, FL 32901 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  
Name: PHYSICIANS DEVELOPMENT, L.C.  
Address: 330 FIFTH AVENUE  
City-St-Zip: INDIALANTIC, FL 32903 US

Title: MGRM  
Name: LENOCI, MARTIN A  
Address: 330 FIFTH AVENUE  
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM  
Name: NUNES, CHRISTOPHER S  
Address: 330 FIFTH AVENUE  
City-St-Zip: INDIALANTIC, FL 32903

I hereby 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

MGRM

04/30/2012

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