# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 20, 2007**
**Secretary of State**

DOCUMENT# L99000000633

**Entity Name:** PROFESSIONAL INSURANCE ENTERPRISES, L.C.

**Current Principal Place of Business:**

2499 W. GLADES RD., SUITE 207
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 871
DEERFIELD BEACH, FL 334430871

**New Mailing Address:**

**FEI Number: 65-0892084** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HENRY M. LENNON, B.D.S.
2499 W. GLADES RD., SUITE 207
BOCA RATON, FL 33431 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: | LENNON, HENRY B.D.S. | |
| Address: | 2499 GLADES ROAD, #207 | |
| City-St-Zip: | BOCA RATON, FL 33431 | |
| Title: | MGRM | ( ) Delete |
| Name: | WEINER, HOWARD M.D. | |
| Address: | 9980 CENTRAL PARK BLVD., #102 | |
| City-St-Zip: | BOCA RATON, FL 33428 | |
| Title: | MGRM | ( ) Delete |
| Name: | BURKE, ROBERT M.D. | |
| Address: | 5405 OKEECHOBEE BLVD., #101 | |
| City-St-Zip: | WEST PALM BEACH, FL 33417 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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 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: HENRY LENNON, BDS MRGM 03/20/2007

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