

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000633

FILED  
Apr 26, 2008  
Secretary of State

**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: MGRM (X) Change ( ) Addition  
Name: WEINER, HOWARD M.D.  
Address: 4177 BRIARCLIFF CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM (X) Change ( ) Addition  
Name: BURKE, ROBERT M.D.  
Address: 2529 BURNS ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: HENRY LENNON, BDS

MGR

04/26/2008

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