


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2006 08:00 A
Secretary of State

DOCUMENT # L03000033168	
1. Entity Name OBJECTIVE VIEWPOINT L.L.C.	

Principal Place of Business 8253 SOUTHWIND BAY CIRCLE FT. MYERS, FL 33908 US	Mailing Address 8253 SOUTHWIND BAY CIRCLE FT. MYERS, FL 33908 US
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DO NOT WRITE IN THIS SPACE



05072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 16-1684731	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

**MEYERS, DONALD H
8253 SOUTHWIND BAY CIRCLE
FT. MYERS, FL 33908**

**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 *Donald Meyers* **DONALD MEYERS** 4/20/06
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYERS, DONALD H 8253 SOUTHWIND BAY CIRCLE FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROSPERO, LINDA 2217 S.E. 2ND TERRACE CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, WILLIAM K 1409 ANNIE LANE LIBERTYVILLE, IL 60048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/20/06-80115-003 50.00

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IN THIS SPACE**

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: *Donald Meyers* **DONALD MEYERS** 4/20/06 239-247-1705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #