

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000011552**

1. Entity Name  
**RIGHT PERSPECTIVE DEVELOPMENT GROUP, L.L.C.**



Principal Place of Business  
**100 SOUTHEAST SIXTH STREET  
FT. LAUDERALE, FL 33301**

Mailing Address  
**P.O. BOX 1591  
FLORIDA, FL 33302**



04302007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**26-0083321**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BURNADETTE NORRIS-WEEKS, P.A.  
100 SOUTHEAST SIXTH STREET  
FT. LAUDERALE, FL 33301**

**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:

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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BURNADETTE NORRIS-WEEKS, P.A.  
100 SOUTHEAST SIXTH STREET  
FT. LAUDERALE, FL 33301**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
VALERIE KIFFIN LEWIS, P.A.  
4801 S. UNIVERSITY DRIVE #102  
FT. LAUDERALE, FL 33328**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/24/07-80067-005 50.00

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/07