2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L04000011552

Entity Name: RIGHT PERSPECTIVE DEVELOPMENT GROUP, L.L.C.

Current Principal Place of Business:

401 NORTH AVENUE OF THE ARTS (NW 7TH AVE.)
FT. LAUDERALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

401 NORTH AVENUE OF THE ARTS (NW 7TH AVE.)
FLORIDA, FL 33311

New Mailing Address:

FEI Number: 26-0083321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNADETTE NORRIS-WEEKS, P.A.
401 NORTH AVENUE OF THE ARTS
FT. LAUDERALE, FL 33311 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: MGR ( ) Delete
Name: BURNADETTE NORRIS-WE, EKS, P.A.
Address: 401 NORTH AVENUE OF THE ARTS (NW 7TH AVE.)
City-St-Zip: FT. LAUDERALE, FL 33311

Title: MGR ( ) Delete
Name: VALERIE KIFFIN LEWIS, , P.A.
Address: 401 NORTH AVENUE OF THE ARTS (N 7TH AVE.)
City-St-Zip: FT. LAUDERALE, FL 33311

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: VALERIE KIFFIN LEWIS, , P.A.
Address: 401 NORTH AVENUE OF THE ARTS (NW 7TH AVE.)
City-St-Zip: FT. LAUDERALE, FL 33311

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: BURNADETTE NORRIS-WEEKS MGR 03/30/2009

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