

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019961

FILED
Apr 22, 2005
Secretary of State

Entity Name: CUSTOMER EXPERIENCE, LLC

Current Principal Place of Business:

400 N. TAMPA ST, STE 2300
TAMPA, FL 33602

New Principal Place of Business:

201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

Current Mailing Address:

400 N. TAMPA ST, STE 2300
TAMPA, FL 33602

New Mailing Address:

201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

FEI Number: 20-1365185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, JAMES W
400 N. TAMPA ST, STE 2300
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

GOODWIN, JAMES W
201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 US

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: JAMES W. GOODWIN

04/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: HAYES, TIMOTHY
Address: 201 N. FRANKLIN STREET, SUITE 2000
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY HAYES

MGR

04/22/2005

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