2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L04000019961

Entity Name: CUSTOMER EXPERIENCE, LLC

Current Principal Place of Business:

201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

New Principal Place of Business:

17804 N. US HIGHWAY 41
LUTZ, FL 33549

Current Mailing Address:

201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

New Mailing Address:

17804 N. US HIGHWAY 41
LUTZ, FL 33549

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

Name and Address of New Registered Agent:

HAYES, TIMOTHY
17804 N. US HIGHWAY 41
LUTZ, FL 33549 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: TIMOTHY HAYES 04/28/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HAYES, TIMOTHY
Address: 17804 N. US HIGHWAY 41
City-St-Zip: LUTZ, FL 33549

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: TIMOTHY HAYES MGR 04/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date