2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2006
Secretary of State

DOCUMENT# L05000008691

Entity Name: THE CUSTOMERS' PERSPECTIVE, L.L.C.

Current Principal Place of Business:

7309 CYPRESS GROVE ROAD, SUITE 1
ORLANDO, FL 32819

New Principal Place of Business:

10925 WOODCHASE CIRCLE
SUITE 1
ORLANDO, FL 32836

Current Mailing Address:

7309 CYPRESS GROVE ROAD, SUITE 1
ORLANDO, FL 32819

New Mailing Address:

10925 WOODCHASE CIRCLE
SUITE 1
ORLANDO, FL 32836

FEI Number: 20-2329918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZANE, JEFFREY P
4800 RIVERSIE DRIVE, SUITE 101
PALM BEACH GARDENS, FL 33410 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR. ( ) Change (X) Addition
Name: ARCHILLA, CARLOS A
Address: 10925 WOODCHASE CIRCLE
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS A. ARCHILLA, MD DR. 07/26/2006

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