

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008691

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

10925 WOODCHASE CIRCLE  
SUITE 1  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

10925 WOODCHASE CIRCLE  
SUITE 1  
ORLANDO, FL 32836

**New Mailing Address:**

**FEI Number:** 20-2329918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZANE, JEFFREY P  
4800 RIVERSIDE DRIVE, SUITE 101  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

ZANE, JEFFREY P  
4100 RCA BLVD  
SUITE 110  
PALM BEACH GARDENS, FL 33410 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: JEFF P. ZANE

03/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

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

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: CARLOS A. ARCHILLA

MD

03/30/2009

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