2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2008
Secretary of State

DOCUMENT# L07000018757

Entity Name: COGNITIVE PERFORMANCE GROUP OF FLORIDA, LLC

Current Principal Place of Business:

14151 WEYMOUTH RUN
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

14151 WEYMOUTH RUN
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 20-8466569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, WILLIAM
14151 WEYMOUTH RUN
ORLANDO, FL 32828 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: MGRM ( ) Delete
Name: ROSS, WILLIAM A
Address: 14151 WEYMOUTH RUN
City-St-Zip: ORLANDO, FL 32828

Title: MGRM ( ) Delete
Name: PHILLIPS, JENNIFER K
Address: 3559 BELLCREST DRIVE
City-St-Zip: AVON, OH 44011

Title: MGRM ( ) Delete
Name: PHILLIPS, DAVID E
Address: 3559 BELLCREST DRIVE
City-St-Zip: AVON, OH 44011

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: PHILLIPS, JENNIFER K
Address: 1991 CROCKER ROAD, SUITE 1600
City-St-Zip: WESTLAKE, OH 44145

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: WILLIAM A ROSS MGRM 01/12/2008

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