


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000002286

1. Entity Name
GRUPOCOMP LLC



Principal Place of Business 3820 S PALO VERDE ROAD SUITE 108 TUCSON, AZ 85714	Mailing Address 3820 S PALO VERDE ROAD SUITE 108 TUCSON, AZ 85714
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DO NOT WRITE IN THIS SPACE



04042006No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1079841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEINIGER, TIMOTHY
600 S. COUNTRY OAKS TERRACE
LECANTO, FL 34461**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000497404
04/22/06-80055-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEINIGER, TIMOTHY 3820 S. PALO VERDE RD #108 TUCSON, AZ 85714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARANTZ, GREGORY H 9851 E SABRENA LN TUCSON, AZ 85748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Gregory H. Marantz Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE