

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002247

1. Entity Name
COMPASS USA, LTD.



Principal Place of Business
2152-14TH CIRCLE N
ST. PETERSBURG, FL 33713

Mailing Address
2152-14TH CIRCLE N
ST. PETERSBURG, FL 33713



01082004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3746145

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK H. SCHERER III
2152 14TH CIRCLE NORTH
ST. PETERSBURG, FL 33713

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of agent and fee if applicable

DATE

9. Capital Contributions
 as Shown on record. **\$5,139,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000089562**
 NAME **COMPASS ACQUISITION & DEVELOPMENT CORP.**
 STREET ADDRESS **501 EAST KENNEDY BLVD., SUITE 1700**
 CITY- ST- ZIP **TAMPA, FL 33602**

STREET ADDRESS
 CITY- ST- ZIP
000000102193
04/05/04-80005-009 526.25

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

14 MAR 04 727 321 811

DATE

Call to Phone #