


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

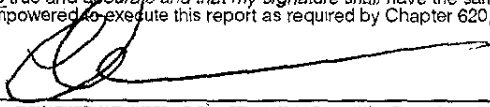
FILED
Apr 09, 2005 08:00 AM
Secretary of State

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3746145 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
6. Name and Address of Current Registered Agent CLARK H. SCHERER III 2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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		STREET ADDRESS		
NAME	COMPASS ACQUISITION & DEVELOPMENT CORP.		CITY-ST-ZIP		
STREET ADDRESS	501 EAST KENNEDY BLVD., SUITE 1700		CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA FL 33602		STREET ADDRESS		
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CITY-ST-ZIP			STREET ADDRESS		



1ST MOORE CR2E003 (10/04)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **3/15/05** **7273219111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE