

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000002247

1. Entity Name
 COMPASS USA, LTD.



FILED

06 MAY -1 PM 1:23

**SECRETARY OF STATE
 TALLAHASSEE FLORIDA**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006 Chg-LP CR2E003 (11/05)

4. FEI Number
 59-3746145

Applied For
 Not Applicable

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 registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 2152 14TH CIRCLE NORTH
 CITY-ST-ZIP ST. PETERSBURG, FL 33713

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STREET ADDRESS
 CITY-ST-ZIP

14. 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 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

Date

Daytime Phone #

STAPLE CHECK HERE