

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000492 AV

DOCUMENT # A97000002247	
1. Entity Name COMPASS USA, LTD.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 30 PM 4:21

Principal Place of Business C/O J. BOB HUMPHRIES, ESQ. 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602	Mailing Address C/O J. BOB HUMPHRIES, ESQ. 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602
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2. Principal Place of Business 2152 - 14th Circle N Suite, Apt. #, etc.	3. Mailing Address 2152 - 14th Circle N Suite, Apt. #, etc.
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DUE BY MAY 1, 2003

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33713	Zip 33713
Country USA	Country USA

4. FEI Number 59-3746145	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARK H. SCHERER III 2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$5,139,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000089562 COMPASS ACQUISITION & DEVELOPMENT CORP. 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602	STREET ADDRESS CITY-ST-ZIP	2152 - 14th Circle N. St. Petersburg, FL 33713
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000018462860 05/07/03--01094--022 **437.50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000018462860 06/30/03--01073--005 **88.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: 	SIGNATURE REQUIRED	12APR03	727321811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE