


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000009398</b> 1. Entity Name COMPSON ST.ANDREWS ASSOCIATES, L.L.C.	
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Principal Place of Business 980 N. FEDERAL HIGHWAY, SUITE 400 BOCA RATON, FL 33432	Mailing Address 980 N. FEDERAL HIGHWAY, SUITE 400 BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**



01122004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1035686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COMPARATO, ROBERT 980 N. FEDERAL HWY. #400 BOCA RATON, FL 33432
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000136340  
04/28/04-80088-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COMPSON ST.ANDREWS ASSOCIATES, INC. 980 N. FEDERAL HIGHWAY, SUITE 400 BOCA RATON, FL 33432
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Robert Comparato</i> Robert Comparato 4-20-04 561-391-4040	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		