

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90372 044 \*\*\*\*50.00

**DOCUMENT # L01000001169**

1. Entity Name  
**COMPASS ASSET MANAGEMENT, LLC**

Principal Place of Business  
**2655 NORTH OCEAN DRIVE 3RD FLOOR**  
**SINGER ISLAND FL 33404**

Mailing Address  
**2655 NORTH OCEAN DRIVE 3RD FLOOR**  
**SINGER ISLAND FL 33404**

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  
**65-1077230**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHOBEL, WILLIAM A**  
**2655 NORTH OCEAN DRIVE 3RD FLOOR**  
**SINGER ISLAND FL 33404**

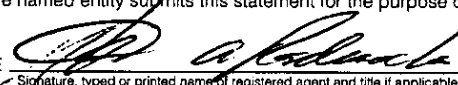
Name **STEVEN A. RADEMACHER**

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

**2655 N. OCEAN DR, 3RD FLOOR**

City **SINGER ISLAND** **FL** Zip Code **33404**

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.

SIGNATURE 

**STEVEN A. RADEMACHER, MGRM**

**4-23-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**MGRM**  
**STEVEN A. RADEMACHER**  
**2655 N. OCEAN DR, 3RD FLOOR**  
**SINGER ISLAND, FL 33404**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**MGRM**  
**WILLIAM A. SHOBEL**  
**2655 N. OCEAN DR, 3RD FLOOR**  
**SINGER ISLAND, FL 33404**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 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:



**4-23-02**

**561-863-9939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)