


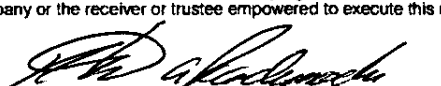


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90037 034 ****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 2647 WINDWOOD WAY Suite, Apt. #, etc.		3. Mailing Address 2647 WINDWOOD WAY Suite, Apt. #, etc.			
City & State ROYAL PALM BEACH FL		City & State ROYAL PALM BEACH FL		4. FEI Number 65-1077230	
Zip 33411		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RADEMACHER, STEVEN A 2655 N. OCEAN DR 3RD FLOOR SINGER ISLAND, FL 33404				7. Name and Address of New Registered Agent Name RADEMACHER, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 2647 WINDWOOD WAY City ROYAL PALM BEACH FL Zip Code 33411	
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 4-23-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RADEMACHER, STEVEN A 2655 N. OCEAN DR., 3RD FLOOR SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RADEMACHER, STEVEN A 2647 WINDWOOD WAY ROYAL PALM BEACH FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  STEVEN A RADEMACHER DATE 4-23-04 DAYTIME PHONE # 561-863-9939 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					