

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 07, 2003 8:00 am
Secretary of State

06-19-2003 90001 023 ****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**

44005321

2. Principal Place of Business - 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1077230**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

7-2-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** Delete
NAME **SHOBL, WILLIAM A**
STREET ADDRESS **2655 N OCEAN DR 3RD FLOOR**
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **MGRM** Delete
NAME **SHOBL, WILLIAM A**
STREET ADDRESS **2655 N OCEAN DR 3RD FL**
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

6-16-03

561-863-9939

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

Date

Daytime Phone #

CR2E083 (10/02)