

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90082 003 \*\*\*138.75

**DOCUMENT # L02000033681**

Entity Name  
**COMPSON ASSOCIATES OF BOYNTON, LLC**



Principal Place of Business

980 NORTH FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432

Mailing Address

980 NORTH FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432

**60041723**



2. Principal Place of Business - No P.O. Box #

**1500 Gateway Blvd.**

3. Mailing Address

**1500 Gateway Blvd.**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

**Suite 200**

04242008

Chg-LLC

CR2E083 (12/06)

City & State

**Boynton Bch, FL**

City & State

**Boynton Bch, FL**

4. FEI Number

**11-3667737**

Applied For

Not Applicable

Zip

**33426**

Country

Zip

**33426**

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KLEPPER, CARL**  
**980 NORTH FEDERAL HIGHWAY**  
**STE 200**  
**BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name **Carl Klepper**

Street Address (P.O. Box Number is Not Acceptable)  
**1500 Gateway Blvd**

**Suite 200**

City

**Boynton Beach**

**FL**

Zip Code

**33426**

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.

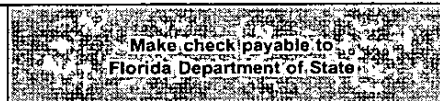
SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**



9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
COMPARATO, JAMES  
980 N. FEDERAL HIGHWAY #200  
BOCA RATON, FL 33432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KLEPPER, CARL E JR  
980 N. FEDERAL HIGHWAY STE 200  
BOCA RATON, FL 33432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
1500 Gateway Blvd. #200  
Boynton Beach, Florida 33426

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
1500 Gateway Blvd. #200  
Boynton Beach, Florida 33426

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

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #