

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034698

FILED
Jan 30, 2009
Secretary of State

Entity Name: COMPASS PROPERTY HOLDINGS, L.L.C.

Current Principal Place of Business:

8210 LAKEWOOD RANCH BOULEVARD
LAKEWOOD RANCH, FL 34202 US

New Principal Place of Business:

Current Mailing Address:

8210 LAKEWOOD RANCH BOULEVARD
LAKEWOOD RANCH, FL 34202 US

New Mailing Address:

FEI Number: 51-0442134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFLUGNER, J. GEOFFREY
8470 ENTERPRISE CIRCLE
SUITE 201
LAKEWOOD RANCH, FL 34202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CASSATA, FRANK
Address: 7511 SOUTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34231

Title: MGR () Delete
Name: NEAL, PATRICK K
Address: 8210 LAKEWOOD RANCH BLVD.
City-St-Zip: BRADENTON, FL 34202

Title: MGR () Delete
Name: SCHIER, JAMES R
Address: 8210 LAKEWOOD RANCH BLVD.
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES R. SCHIER

MGR

01/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date