


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90039 005 ****50.00

DOCUMENT # L02000035081

1. Entity Name
B191 CompassPoint LLC



Principal Place of Business
1299 Middle Gulf
Sanibel FL 33957

Mailing Address
3371 FOREST GLEN DRIVE
CORINTH TX 76210



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2nd MOORE CR2E083 (4/07)

6. Name and Address of Current Registered Agent
KOLISH, THERESA M
1715 MONROE STREET
FT. MYERS FL 33901

4. FEI Number
13-4262190

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name: Robert Forman
Street Address (P.O. Box Number is Not Acceptable):
1715 Monroe Street
City: Ft MYERS FL Zip Code: 33901

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 _____ (NOTE: Registered Agent signature required when re-stating) _____ **DATE** _____

FILE NOW!!! FEE IS \$38.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ARTHUR N	
STREET ADDRESS	3371 FOREST GLEN DRIVE	
CITY-ST-ZIP	DENTON TX 76210	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOHNSON, NORMA F	
STREET ADDRESS	3371 FOREST GLEN DRIVE	
CITY-ST-ZIP	DENTON TX 76210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Norma Johnson **7-5-07 940-321-2808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #