


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90076 021 ****50.00

DOCUMENT # L03000023383	
1. Entity Name COMPASS, LLC	

Principal Place of Business 4920 SOLIMARTIN DRIVE ORLANDO, FL 32837	Mailing Address 4920 SOLIMARTIN DRIVE ORLANDO, FL 32837
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2. Principal Place of Business 4901 VINELAND ROAD	3. Mailing Address 4901 VINELAND ROAD
Suite, Apt. #, etc. STE. 270	Suite, Apt. #, etc. STE. 270

01032005 Chg-LLC CR2E083 (10/03)

City & State ORLANDO, FL	City & State ORLANDO, FL
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4. FEI Number 45-0519607	Applied For <input type="checkbox"/> Not Applicable
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Zip 32811	Country USA	Zip 32811	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOND, EDGARD 4920 SOLIMARTIN DRIVE ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name BOND, EDGARD Street Address (P.O. Box Number is Not Acceptable) 8432 ABBOTSBURY DRIVE City WINDERMERE, FL Zip Code 34786	
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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 *Edgard Bond* **EDGARD BOND (MGR)** DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRILLO, NORIS 4920 SOLIMARTIN DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8432 ABBOTSBURY DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRILLO, LINO 4920 SOLIMARTIN DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8432 ABBOTSBURY DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOND, MARIA 4920 SOLIMARTIN DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8432 ABBOTSBURY DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOND, EDGARD 4920 SOLIMARTIN DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8432 ABBOTSBURY DRIVE WINDERMERE, FL 34786
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

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: *Edgard Bond* **EDGARD BOND (MGR)** 01/07/05 (407)509-0466

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