


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000023383
 1. Entity Name
 COMPASS, LLC



Principal Place of Business
 4901 VINELAND ROAD STE 270
 ORLANDO, FL 32811

Mailing Address
 4901 VINELAND ROAD STE 270
 ORLANDO, FL 32811



01292007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0519607	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOND, EDGARD
 8432 ABBOTSBURY DRIVE
 WINDERMERE, FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARRILLO, NORIS 8432 ABBOTSBURY DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARRILLO, LINO 8432 ABBOTSBURY DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOND, MARIA 8432 ABBOTSBURY DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOND, EDGARD 8432 ABBOTSBURY DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 02/15/07-80006-016 50.00

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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: Edgard Bond EDGARD BOND Date: 1/30/07 (407) 509-0466

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