

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000028853

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Entity Name:** COMPASS REAL ESTATE GROUP DEVELOPMENT DIVISION LLC

**Current Principal Place of Business:**

525 RIDGE DRIVE  
NAPLES, FL 34108

**New Principal Place of Business:**

809 WALKERBILT  
7  
NAPLES, FL 34110

**Current Mailing Address:**

525 RIDGE DRIVE  
NAPLES, FL 34108

**New Mailing Address:**

809 WALKERBILT  
7  
NAPLES, FL 34110

**FEI Number:** 20-0468367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROCHFORD, MIRA N  
105 BAY MAR DRIVE  
FORT MYERS BEACH, FL 339313807 US

**Name and Address of New Registered Agent:**

ROCHFORD, MIRA N  
809 WALKERBILT  
7  
NAPLES, FL 34110 US

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:

04/25/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ROCHFORD, TERENCE E  
Address: 3092 TAMiami TRAIL  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROCHFORD, TERENCE E  
Address: 809 WALKERBILT #7  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERRY ROCHFORD

PRES

04/25/2005

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