


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90082 015 ***138.75

DOCUMENT # L03000031467

1. Entity Name
COMPSON ASSOCIATES OF BOYNTON II, LLC



Principal Place of Business Mailing Address
980 NORTH FEDERAL HIGHWAY **980 NORTH FEDERAL HIGHWAY**
SUITE 200 **SUITE 200**
BOCA RATON, FL 33432 **BOCA RATON, FL 33432**

60041711



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1500 Gateway Blvd **1500 Gateway Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200 **Suite 200**

04242008 Chg-LLC CR2E083 (12/06)

City & State City & State
Boynton Bch, FL **Boynton Bch, FL**

4. FEI Number Applied For
80-0074991 Not Applicable

Zip Country Zip Country
33426 **33426**

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

6. Name and Address of Current Registered Agent
KLEPPER, CARL
980 NORTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
 Name **Carl Klepper**
 Street Address (P.O. Box Number is Not Acceptable)
1500 Gateway Blvd
Suite 200
 City **Boynton Beach** **FL** Zip Code **33426**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75



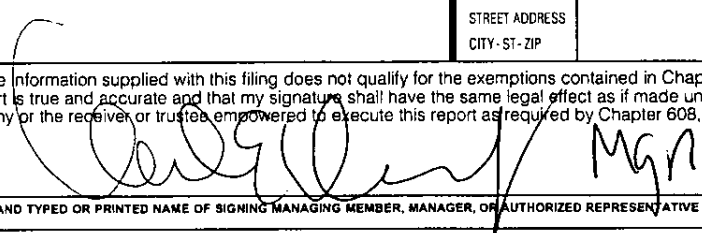
9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	COMPARATO, JAMES	
STREET ADDRESS	980 N FEDERAL HWY #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KLEPPER, CARL E JR.	
STREET ADDRESS	980 N FEDERAL HWY #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1500 Gateway Blvd. #200	
CITY-ST-ZIP	Boynton Beach, Florida 33426	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1500 Gateway Blvd. #200	
CITY-ST-ZIP	Boynton Beach, Florida 33426	
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		
STREET ADDRESS		
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:  **MGR**

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