

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90131 012 \*\*\*\*50.00

<b>DOCUMENT # L03000031741</b> 1. Entity Name <b>COMPASS REAL ESTATE, L.L.C.</b>					
Principal Place of Business <b>5901 SUN BLVD., SUITE 105 ST. PETERSBURG, FL 33715</b>			Mailing Address <b>5901 SUN BLVD., SUITE 105 ST. PETERSBURG, FL 33715</b>		
2. Principal Place of Business		3. Mailing Address <b>111 Second Ave NE</b> Suite, Apt. #, etc. <b>Suite 1001</b>			
City & State <b>St. Petersburg FL</b>		City & State <b>St. Petersburg FL</b>		4. FR Number <b>1602653</b>	
Zip <b>33701</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SUTTER, HEATHER M 5901 SUN BLVD., SUITE 105 ST. PETERSBURG, FL 33715</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>111 Second Ave NE Suite 1001</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33701</b>		
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 <b>managing member</b> <b>3/8/04</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>THE SUTTER GROUP, L.L.C. 5901 SUN BLVD., SUITE 105 ST. PETERSBURG, FL 33715</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>111 Second Ave NE Suite 1001 St. Petersburg FL 33701</b>		
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		
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: <b>managing member</b> <b>3/8/04</b> <b>898-1112</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Due Daytime Phone #</small>					