

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90091 030 \*\*\*\*50.00

**DOCUMENT # L03000034719**

1. Entity Name  
**COMPASS EXPRESS, LLC**



Principal Place of Business  
**757 SE 17TH STREET #274  
FORT LAUDERDALE, FL 33316 US**

Mailing Address  
**757 SE 17TH STREET #274  
FORT LAUDERDALE, FL 33316 US**

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**20-0219290**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, THOMAS J  
648 MAYPOP COURT  
BOCA RATON, FL 33486**

-Name-

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM DRIAC, LLC ☐ Delete  
STREET ADDRESS 60 COMPASS LANE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE NAME MGRM MERLE SMITH LUXURY HOMES, INC. ☐ Delete  
STREET ADDRESS 757 SE 17TH STREET #274  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE NAME MGRM JIM, CAIRD ☐ Delete  
STREET ADDRESS 60 COMPASS LANE  
CITY-ST-ZIP FT LAUDERDALE, FL 33308

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGR Jim Caird ☒ Change ☐ Addition  
STREET ADDRESS 60 Compass Lane  
CITY-ST-ZIP Ft. Lauderdale FL 33308

TITLE NAME MGR Merle Smith ☐ Change ☒ Addition  
STREET ADDRESS 757 SE 17th Street #274  
CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*MARABER*

*MERLE SMITH*

*1/15/05*

*954-462-5257*