

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90081 032 ****50.00

DOCUMENT # L03000037322

1. Entity Name

COMPASS INVESTMENTS LLC



Principal Place of Business

3281 CROSSINGS CT.
D101
BONITA SPRINGS FL 34134
US

Mailing Address

3281 CROSSINGS CT.
D101
BONITA SPRINGS FL 34134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0587993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOTHWELL, KAREN D
3281 CROSSINGS CT.
D101
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BOTHWELL, KAREN D
STREET ADDRESS 3281 CROSSINGS CT. D101
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE MGRM ☐ Delete
NAME DANIEL A. WOOD TRUST
STREET ADDRESS 2121 RICHMOND
CITY-ST-ZIP TOLEDO OH 43607

TITLE MGRM ☐ Delete
NAME M.T.T. REALTY CORP (A N.Y. CORP.)
STREET ADDRESS CHAIRFACTORY RAD.
CITY-ST-ZIP ELMA NY 14059

TITLE MGRM ☐ Delete
NAME FLUR, GARY
STREET ADDRESS 11861 N.W. 26TH STREET
CITY-ST-ZIP PLANTATION FL 33323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Karen D. Bothwell*

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

4-27-04

Date

(239) 495-1146
(239) 641-9832

Daytime Phone #