


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90058 041 \*\*\*\*\*50.00

<b>DOCUMENT # L03000051380</b> 1. Entity Name <b>COMPSON 2500 INVESTMENTS, LLC</b>					
Principal Place of Business <b>980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432</b>			Mailing Address <b>980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>37-1479690</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SKATOFF, JEFFREY H 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR COMPARATO, JAMES 980 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE:</b> _____			Date <b>4/24/04</b>		Daytime Phone # <b>561-391-6570</b>