

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

DOCUMENT # L03000051611

**Mailing Address**  
980 NORTH FEDERAL HIGHWAY, SUITE 200  
BOCA RATON, FL 33432

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

04202004 Chq-LLC CR2E083 (10/03)

4. FBI Number 20-1121090

Applied For
Not Applicable

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

**5. Name and Address of Current Registered Agent**

7. Name and Address of New Registered Agent

Name Teffrey Skutumpah

Street Address (P.O. Box Number is Not Acceptable) 980 N. E. 1st St.

Suite 200

City Boca Raton

FL

Zip Code 22422

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, type or print name of registered agent and title if applicable

- NOTE: Registered Agent signature required when reinstating.

4/29/04

**Filing Fee is \$50.00  
Due by May 1, 2004**

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

9. **MANAGING MEMBERS/MANAGERS**

10.	ADDITIONS/CHANGES
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FILE	MGRM	<input type="checkbox"/> Delete
NAME	COMPSON 2500 INVESTMENTS, LLC	
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 200	
CITY-ST-ZIP	BOCA RATON, FL 33432	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Details
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CITY-ST-ZIP	

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CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
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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 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 of the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

**SIGNATURE:**

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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_