

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013020

FILED  
Jan 14, 2005  
Secretary of State

Entity Name: COMPASS ROSE GROUP, LLC

**Current Principal Place of Business:**

1200 PLANTATION ISLAND DR. S, STE. 220  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

1200 PLANTATION ISLAND DR. S, STE. 220  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 20-0752342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KANE, KEVIN  
THE ANDERSEN FIRM, A PROFESSIONAL CORPORAT  
1200 PLANTATION ISLAND DR. S, STE. 220  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: TRANTHAM, JAMES  
Address: 1200 PLANTATION ISLAND DR. SOUTH 220  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM ( ) Change (X) Addition  
Name: TRAMTHAM, TERRY  
Address: 1200 PLANTATION ISLAND DR. SOUTH 220  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES TRANTHAM

MGRM

01/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date