

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044354

FILED
Apr 29, 2005
Secretary of State

Entity Name: COMPASS TRAINING CENTER LLC

Current Principal Place of Business:

32625 AMBERIEA ROAD
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6538
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 20-1238156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, ROBERT C
2838 SE 37TH ST
OCALA, FL 34471 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: MGR () Delete
Name: NORTH, WILLIAM D
Address: 32625 AMBERLEA ROAD
City-St-Zip: DADE CITY, FL 33523 US

Title: MGR () Delete
Name: ADAM, L N
Address: PO BOX 134
City-St-Zip: BUSHNELL, FL 33513 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM D NORTH

MGR

04/29/2005

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