


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90182 047 ****55.00

DOCUMENT # L05000035985	
1. Entity Name COMPASS INSTITUTIONAL MARKETING, L.L.C.	

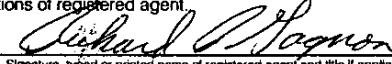
Principal Place of Business 1200 NORTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432	Mailing Address 1200 NORTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

	
05122006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-2671848	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MACLAREN, LINDA O COMPASS INSTITUTIONAL MARKETING, L.L.C. 798 SO. FEDERAL HIGHWAY, SUITE 100 BOCA RATON, FL 33432	
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7. Name and Address of New Registered Agent Name Richard Gagnon Street Address (P.O. Box Number is Not Acceptable) 1200 N. Federal Hwy, Ste 200 City Boca Raton FL Zip Code 33432	
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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 	DATE 4/30/06
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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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 exemptions contained in Chapter 119, 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: 	DATE: 4/30/06	DAYTIME PHONE #: (561) 210-8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		