

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/21

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90219 022 \*\*\*\*55.00

<b>DOCUMENT # L05000035985</b> 1. Entity Name <b>COMPASS INSTITUTIONAL MARKETING, L.L.C.</b>																																																																																													
Principal Place of Business <b>1200 NORTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432</b>			Mailing Address <b>1200 NORTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432</b>																																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																										
City & State Zip Country			City & State Zip Country																																																																																										
4. FEI Number <b>20-2671848</b>			Applied For <input type="checkbox"/> Not Applicable																																																																																										
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required																																																																																										
6. Name and Address of Current Registered Agent  <b>GAGNON, RICHARD 1200 N. FEDERAL HWY, STE 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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																																													
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">TITLE</th> <th style="width: 70%;">NAME</th> <th style="width: 20%;">Delete</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>GAGNON, RICHARD</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 N. FEDERAL HWY, STE 200</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON, FL 33432</td> <td></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> </div> <div style="width: 45%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">TITLE</th> <th style="width: 70%;">NAME</th> <th style="width: 10%;">Delete</th> <th style="width: 10%;">Change</th> <th style="width: 10%;">Addition</th> </tr> </thead> <tbody> <tr> <td><del>Member Associate</del></td> <td><del>James F. Lorke Jr.</del></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><del>STREET ADDRESS</del></td> <td><del>36 Marsh Woods Lane</del></td> <td></td> <td></td> <td></td> </tr> <tr> <td><del>CITY - ST - ZIP</del></td> <td><del>Wilmington, DE 19810</del></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </div> </div>						TITLE	NAME	Delete	MGRM	GAGNON, RICHARD	<input type="checkbox"/>	STREET ADDRESS	1200 N. FEDERAL HWY, STE 200		CITY - ST - ZIP	BOCA RATON, FL 33432																							TITLE	NAME	Delete	Change	Addition	<del>Member Associate</del>	<del>James F. Lorke Jr.</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<del>STREET ADDRESS</del>	<del>36 Marsh Woods Lane</del>				<del>CITY - ST - ZIP</del>	<del>Wilmington, DE 19810</del>																																						
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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 606, Florida Statutes.																																																																																													
SIGNATURE: <u><i>Richard P. Gagnon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>2/9/07</u> Daytime Phone: <u>561 210-9611</u>																																																																																									



ATTACHMENT  
30003108

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2007

COMPASS INSTITUTIONAL MARKETING, L.L.C.  
1200 NORTH FEDERAL HIGHWAY, SUITE 200  
BOCA RATON, FL 33432

Subject: COMPASS INSTITUTIONAL MARKETING, L.L.C.

Reference Number: L05000035985

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/bm

ANNUAL REPORTS SECTION

*Notation made on  
form to remove member  
from form.  
See Attachment.*