

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036674

**FILED**  
**Feb 20, 2006**  
**Secretary of State**

**Entity Name:** COMPASS EMPLOYEE BENEFITS GROUP, LLC

**Current Principal Place of Business:**

7735 NW 146TH STREET, SUITE 303  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

7735 NW 146TH STREET  
SUITE 303  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

7735 NW 146TH STREET, SUITE 303  
MIAMI LAKES, FL 33016

**New Mailing Address:**

7735 NW 146TH STREET  
SUITE 303  
MIAMI LAKES, FL 33016

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

BOHATCH, JOHN S  
2600 DOUGLAS ROAD, PENTHOUSE 8  
CORAL GABLES, FL 33134    US

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

PEDRO, ZAMORA L  
7735 NW 146TH STREET  
SUITE 303  
MIAMI LAKES, FL 33016    US

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: P ZAMORA

02/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: FERNANDEZ, SERGIO  
Address: 7735 NW 146TH STREET, SUITE 303  
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM    ( ) Delete  
Name: MARRERO, ROLANDO  
Address: 7735 NW 146TH STREET, SUITE 303  
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM    ( ) Delete  
Name: ZAMORA, PEDRO L  
Address: 7735 NW 146TH STREET, SUITE 303  
City-St-Zip: MIAMI LAKES, FL 33016

**ADDITIONS/CHANGES:**

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

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 Chapter 119, 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: P ZAMORA

MGRM

02/20/2006

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