

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054912

FILED
Jan 11, 2009
Secretary of State

Entity Name: COMPASS HOMES OF NORTHWEST FLORIDA, LLC

Current Principal Place of Business:

679 CARVER CIR.
ALFORD, FL 32420 US

New Principal Place of Business:

Current Mailing Address:

679 CARVER CIR.
ALFORD, FL 32420 US

New Mailing Address:

FEI Number: 72-1600710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHARLES M
6563 FEDERAL STREET
NAVARRE, FL 32566 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/MANAGERS:

Title: MGRM () Delete
Name: SMITH, CHARLES M
Address: 6563 FEDERAL STREET
City-St-Zip: NAVARRE, FL 32566 FL

Title: MGRM () Delete
Name: ANDERSON, ERIC J
Address: 679 CARVER
City-St-Zip: ALFORD, FL 32420

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 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: CHARLES M. SMITH

MGRM

01/11/2009

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