


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90083 041 \*\*\*\*50.00

<b>DOCUMENT # L05000063590</b>	
1. Entity Name <b>COMPASS STRATEGIES, LLC</b>	

Principal Place of Business <b>18835 SWEET GUM JUPITER, FL 33458</b>	Mailing Address <b>18835 SWEET GUM JUPITER, FL 33458</b>
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2. Principal Place of Business <b>777 South Flagler Dr.</b> Suite, Apt. #, etc. <b>West Tower, Suite 800</b> City & State <b>West Palm Beach, FL</b> Zip <b>33401</b> Country <b>USA</b>	3. Mailing Address <b>18835 Sweet Gum Ct.</b> Suite, Apt. #, etc. City & State <b>Jupiter, FL</b> Zip <b>33458</b> Country <b>USA</b>
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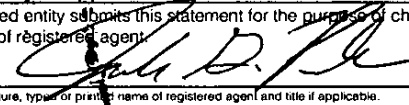


01312006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>203136020</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>PENKALA, JOSEPH G 18835 SWEET GUM JUPITER, FL 33458</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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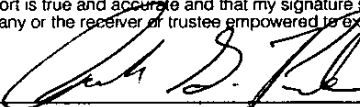
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **JOSEPH G. PENKALA** **1/31/2006**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PENKALA, JOSEPH G 18835 SWEET GUM COURT JUPITER, FL 33458</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:  **JOSEPH G. PENKALA** **1/31/2006** **9111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #