
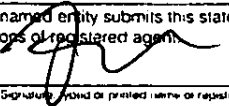


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90144 040 \*\*\*\*50.00

<b>DOCUMENT # L05000079083</b> 1. Entity Name <b>COMPASS REALTY MANAGEMENT, LLC</b>					
Principal Place of Business <b>100 S. OLIVE AVENUE WEST PALM BEACH FL 33401</b>			Mailing Address <b>100 S. OLIVE AVENUE WEST PALM BEACH FL 33401</b>		
2. Principal Place of Business <b>Post Office Box 1625</b> Suite, Apt. #, etc.		3. Mailing Address <b>Post Office Box 1625</b> Suite, Apt. #, etc.			
City & State <b>West Palm Beach FL</b> Zip <b>33402</b>		City & State <b>West Palm Beach FL</b> Zip <b>33402</b>		4. FEI Number <b>20-3325373</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SATTER, JONATHAN R 100 S. OLIVE AVENUE WEST PALM BEACH FL 33401</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 <b>3-6-06</b> <small>Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information supplied is true and correct and that the information shall have the same legal effect as if made under oath; that I am a managing member or manager of the

CR2E083 (10/05)

1st MOORE

Fold report so address appears in window



ATTACHMENT

30001909

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

COMPASS REALTY MANAGEMENT, LLC  
PO BOX 1625  
WEST PALM BEACH, FL 33402

Subject: COMPASS REALTY MANAGEMENT, LLC

Reference Number: L05000079083

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

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.

/JE  
ANNUAL REPORTS SECTION