

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079083

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** COMPASS REALTY MANAGEMENT, LLC

**Current Principal Place of Business:**

100 S. OLIVE AVENUE  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

222 CLEMATIS STREET, SUITE 206  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

100 S. OLIVE AVENUE  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

POST OFFICE BOX 1625  
WEST PALM BEACH, FL 334021625 US

**FEI Number:** 20-3525373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SATTER, JONATHAN R  
100 S. OLIVE AVENUE  
WEST PALM BEACH, FL 33401 US

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

SATTER, JONATHAN R  
222 CLEMATIS STREET, SUITE 206  
WEST PALM BEACH, FL 33401 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: JONATHAN R. SATTER

07/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SALTRE, JONATHAN R  
Address: P O BOX 1625  
City-St-Zip: WEST PALM BEACH, FL 33402

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SATTER, JONATHAN R  
Address: P O BOX 1625  
City-St-Zip: WEST PALM BEACH, FL 33402

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: JONATHAN R SATTER

MGR

07/08/2008

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