

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN 10 AM 9:03

DOCUMENT # L06000009321	
1. Entity Name COMPASS FAMILY HOLDING, LLC.	



Principal Place of Business 2124 AIRPORT ROAD SOUTH 102 NAPLES, FL 34112	Mailing Address 2124 AIRPORT ROAD SOUTH 102 NAPLES, FL 34112
---	---

2. Principal Place of Business - No P.O. Box # 17718 RIVENDEL RD	3. Mailing Address 17718 RIVENDEL RD
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State Lutz, Florida	City & State Lutz, Florida
-------------------------------	-------------------------------

Zip 33549	Country USA	Zip 33549	Country USA
--------------	----------------	--------------	----------------

6. Name and Address of Current Registered Agent

ANN T FRANK PA 2124 AIRPORT ROAD SOUTH 102 NAPLES, FL 34112
--

06042008 Chg-LLC CR2E083 (12/08)

4. FEI Number APPLIED FOR 20-4176248	Applied For Not Applicable
---	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
----------------------------------	--

7. Name and Address of New Registered Agent

Name GRETA DOBKIN
Street Address (P.O. Box Number is Not Acceptable) 17718 RIVENDEL RD
City Lutz
State FL
Zip Code 33549

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 <i>Greta Dobkin</i>	DATE 6/4/08
----------------------------------	----------------

Amended AR is \$50.00	Make check payable to Florida Department of State
-----------------------	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOBKIN, GRETA 2124 AIRPORT ROAD SOUTH #102 NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOBKIN, GRETA 17718 RIVENDEL RD Lutz, FL 33549 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100131091441 06/10/08--01004--007 **\$5.00 <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
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
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 <i>Greta Dobkin</i>	DATE 6/4/08
----------------------------------	----------------

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #