

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000052906

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** COMPASS RESEARCH PHASE 1, LLC

**Current Principal Place of Business:**

100 W. GORE STREET, SUITE 202  
ORLANDO, FL 32806

**New Principal Place of Business:**

100 WEST GORE STREET, SUITE 200  
ORLANDO, FL 32806

**Current Mailing Address:**

100 W. GORE STREET, SUITE 202  
ORLANDO, FL 32806

**New Mailing Address:**

100 WEST GORE STREET, SUITE 200  
ORLANDO, FL 32806

FEI Number: 27-2762946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERTS, JOEL  
C/O GRAY ROBINSON, P.A.  
301 EAST PINE STREET, SUITE 1400  
ORLANDO, FL 32801 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: MGR  
Name: CURTIS, CRAIG T M.D.  
Address: 100 W. GORE STREET, SUITE 200  
City-St-Zip: ORLANDO, FL 32806

Title: MGR  
Name: STANTON, SEAN  
Address: 100 W. GORE STREET, SUITE 200  
City-St-Zip: ORLANDO, FL 32806

Title: MGR  
Name: FORD, PATTY  
Address: 9001 EAGLE COVE COURT  
City-St-Zip: ORLANDO, FL 32825

I hereby 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: JEFF POHLIG

COO

04/15/2011

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