

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000430

FILED
Aug 25, 2005
Secretary of State

Entity Name: COMPASS STRAZZULLA, L.C.

Current Principal Place of Business:

1631 GRANDVIEW BLVD.
KISSIMMEE, FL 34744

New Principal Place of Business:

2013 LIVE OAK BLVD.
SUITE J
ST. CLOUD, FL 34771

Current Mailing Address:

P.O. BOX 420310
KISSIMMEE, FL 34742

New Mailing Address:

2013 LIVE OAK BLVD.
SUITE J
ST. CLOUD, FL 34771

FEI Number: 65-0843205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BLACKFORD, DANIEL R
2013 LIVE OAK BLVD.,
SUITE K
ST. CLOUD, FL 34771 US

Name and Address of New Registered Agent:

BLACKFORD, DANIEL R
2013 LIVE OAK BLVD.,
SUITE J
ST. CLOUD, FL 34771 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: DANIEL R. BLACKFORD

08/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLACKFORD, DANIEL R
Address: 2013 LIVE OAK BLVD., SUITE K
City-St-Zip: ST. CLOUD, FL 34771

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLACKFORD, DANIEL R
Address: 2013 LIVE OAK BLVD., SUITE J
City-St-Zip: ST. CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANIEL R. BLACKFORD

MGRM

08/25/2005

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