2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L99000000944

1. Entity Name

COMPASS REALTY GROUP LLC

Principal Place of Business	*Mailing Address*
1906 NW 8TH STREET	1906 NW 8TH STREET
BOCA RATON FL 33486-1441	BOCA RATON FL 33486-1441

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number   65-0904034   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
GOLDBERG, SIMON J 1906 NW 8TH STREET BOCA RATON FL 33486-1441	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10.	ADDITIONS/CHANGES
TITLE	MGRM	TITLE	☐ Change ☐ Addition
NAME	GOLDBERG, SIMON J	NAME	000003169100---9
STREET ADDRESS	1906 NW 8TH STREET	STREET ADDRESS	-03/14/00--01082---019
CITY-ST-ZIP	BOCA RATON FL 33486-1441 ☐ Delete	CITY-ST-ZIP	*****50.00 *****50.00
TITLE	MGRM	TITLE	☐ Change ☐ Addition
NAME	GOLDBERG, CYNTHIA L	NAME	
STREET ADDRESS	1906 NW 8TH STREET	STREET ADDRESS	3/13/00
CITY-ST-ZIP	BOCA RATON FL 33486-1441 ☐ Delete	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____   2-24-00   352-0032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #

0007191   AF

CR2E083 (9/99)