


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M00000002613  
 1. Entity Name  
 COMPASS GROUP L.L.C.



Principal Place of Business      Mailing Address  
 125 E. 56TH ST., 19TH FLOOR      126 E. 56TH ST., 19TH FLOOR  
 NEW YORK, NY 10022                  NEW YORK, NY 10022

**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 13-3859813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VERNET, GUILLERMO  
 701 BRICKELL AVE., STE. 860  
 MIAMI, FL 33131

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALBONTIN, MANUEL 126 E. 56TH ST., 19TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRASTO, ANIL 126 E. 56TH ST., 19TH FLOOR NEW YORK, NY 10022
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 03/25/05-80043-008 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature]      03-15-05      212-355-7525  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #