

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003316

**FILED**  
**Apr 29, 2004**  
**Secretary of State**

**Entity Name:** COMPASS ADVISORS, LLC

**Current Principal Place of Business:**

1111 BRICKELL AVE  
11TH FLOOR  
MIAMI, FL 33131

**New Principal Place of Business:**

3211 PONCE DE LEON BLVD.  
SUITE 101  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

1190 PIONER TOWER  
888 SW FIFTH AVENUE  
PORTLAND, OR 97201

**New Mailing Address:**

3211 PONCE DE LEON BLVD.  
SUITE 101  
CORAL GABLES, FL 33134 US

**FEI Number:** 80-0011914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLY, EDWARD A  
1111 BRICKELL AVE. 11TH FLOOR  
MIAMI, FL 33131 US

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

KELLY, EDWARD A  
3211 PONCE DE LEON BLVD.  
SUITE 101  
CORAL GABLES, FL 33134 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:

04/29/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: COMPASS HOLDINGS, LL, C  
Address: 1111 BRICKELL AVE -11TH FLOOR  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MEYER, JOSEPH K  
Address: 3211 PONCE DE LEON BLVD., SUITE 101  
City-St-Zip: CORAL GABLES, FL 33134

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: JOSEPH K MEYER

MGR

04/29/2004

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