2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# M02000003316

Entity Name: COMPASS ADVISORS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

1395 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131 US

Current Mailing Address:

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

New Mailing Address:

1395 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131 US

FEI Number: 80-0011914 **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:

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

Name and Address of New Registered Agent:

KELLY, EDWARD A
1395 BRICKELL AVE
SUITE 800
MIAMI, FL 33131 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: EDWARD KELLY 05/04/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MEYER, JOSEPH K
Address: 1395 BRICKELL AVE., SUITE 800
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: EDWARD KELLY CFO 05/04/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date