

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90236 021 \*\*\*138.75

**DOCUMENT # M02000003316**

1. Entity Name  
**COMPASS ADVISORS, LLC**



Principal Place of Business  
**1395 BRICKELL AVENUE  
SUITE 800  
MIAMI, FL 33131 US**

Mailing Address  
**1395 BRICKELL AVENUE  
SUITE 800  
MIAMI, FL 33131 US**

**60016680**

2. Principal Place of Business - No P.O. Box #

**201 S BISCAYNE BLVD**

3. Mailing Address

**201 S BISCAYNE BLVD**

Suite, Apt. #, etc.

**28TH FLOOR**

Suite, Apt. #, etc.

**28TH FLOOR**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33131**

Country

**USA**

Zip

**33131**

Country

**USA**

03102008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**80-0011914**

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

**KELLY, EDWARD A  
1395 BRICKELL AVE  
SUITE 800  
MIAMI, FL 33131**

Name

**KELLY, Edward A.**

Street Address (P.O. Box Number is Not Acceptable)

**201 S BISCAYNE BLVD**

**28TH FLOOR**

City

**MIAMI**

**FL**

Zip Code

**33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **MEYER, JOSEPH K**  
STREET ADDRESS **1395 BRICKELL AVE., SUITE 800**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **MEYER, JOSEPH K**  
STREET ADDRESS **201 S BISCAYNE BLVD 28TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Edward Kelly*

**3/19/2008 (305) 461-1681**

Date

Daytime Phone #