


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-24-2008 90236 020 ***138.75

DOCUMENT # M03000002563					
1. Entity Name COMPASS ANALYTICS, LLC					
Principal Place of Business 1395 BRICKELL AVENUE SUITE 800 MIAMI, FL 33131			Mailing Address 1395 BRICKELL AVENUE SUITE 800 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 201 S. BISCAYNE BLVD			3. Mailing Address 201 S. BISCAYNE BLVD		
Suite, Apt. #, etc. 28 TH FLOOR			Suite, Apt. #, etc. 28 TH FLOOR		
City & State Miami FL			City & State Miami FL		
Zip 33131		Country USA		Zip 33131	
Country USA		4. FEI Number 51-0473436			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, EDWARD A 1395 BRICKELL AVENUE SUITE 800 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: KELLY, Edward A. Street Address (P.O. Box Number is Not Acceptable): 201 S BISCAYNE BLVD 28 TH FLOOR 28 TH 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYER, JOSEPH K 1395 BRICKELL AVENUE, SUITE 800 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYER, JOSEPH K 201 S BISCAYNE BLVD 28 TH FLOOR MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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: _____			Edward Kelly		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			3/19/2008 3054611681		