

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000001209

1. Entity Name
COMPASS HOMES DEVELOPMENT, L.L.C.



Principal Place of Business
**2814 TERN COURT
ST. JAMES, FL 33956 US**

Mailing Address
**P.O. BOX 7399-285
BRECKENRIDGE, CO 80424 US**



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0570508

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRANE, DAWN
2814 TERN COURT
ST. JAMES, FL 33956**

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IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CRANE, DAWN
P.O. BOX 7399-285
BRECKENRIDGE, CO 80424**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CRANE, TIMOTHY
P.O. BOX 7399-285
BRECKENRIDGE, CO 80424**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MERRIMAN, GEORGE M JR
P.O. 10003
BRECKENRIDGE, CO 80424**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #