

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000003337

1. Entity Name
AG/MAINSTREET COMPASS CENTER, L.L.C.



Principal Place of Business

C/O ANGELO, GORDON & CO., L.P.
245 PARK AVENUE, 26TH FLOOR
NEW YORK, NY 10167

Mailing Address

C/O ANGELO, GORDON & CO., L.P.
245 PARK AVENUE, 26TH FLOOR
NEW YORK, NY 10167



04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4820888

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
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 renewing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	AG ASSET MANAGER, INC.
STREET ADDRESS	245 PARK AVENUE, 26TH FL.
CITY-ST-ZIP	NEW YORK, NY 10167

TITLE	
NAME	
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U00000932849
05/22/08-80070-024 138.75

**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

Fred BERGER

4/23/08

Date

Daytime Phone #

212 692-2045