

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90029 001 \*\*\*\*50.00

**DOCUMENT # L02000008589**



1. Entity Name  
**WORTHINGTON HOLDINGS SOUTHWEST, LLC**

Principal Place of Business  
**6150 DIAMOND CENTER COURT, #1300  
FORT MYERS FL 33912**

Mailing Address  
**6150 DIAMOND CENTER COURT, #1300  
FORT MYERS FL 33912**



2. Principal Place of Business  
**9240 Marketplace Road**

3. Mailing Address  
**9240 Marketplace Rd**

Suite, Apt. #, etc.  
**Suite 2**

CHECK HERE IF MAKING CHANGES

City & State  
**Ft Myers FL**

City & State  
**Ft Myers FL**

4. FEI Number  
**02-0578885**

Applied For  
 Not Applicable

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

Zip  
**33912** Country  
**USA**

Zip  
**33912** Country  
**USA**

6. Name and Address of Current Registered Agent  
**DARRAGH, JEFF  
6150 DIAMOND CENTER COURT, #1300  
FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**9240 Marketplace Rd**

**Suite 2**

City  
**Ft Myers FL** Zip Code  
**33912**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DARRAGH, JEFF 6150 DIAMOND CENTER COURT, #1300 FORT MYERS FL 33912</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GNAGEY, JOHN 6150 DIAMOND CENTER COURT, #1300 FORT MYERS FL 33912</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>MGR KARL, DEBORAH 480 E. WILSON BRIDGE ROAD, SUITE C WORTHINGTON OH 43085</b></del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LIEBERT, GLENN 480 E. WILSON BRIDGE ROAD, SUITE C WORTHINGTON OH 43085</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9240 Marketplace Rd, Ste 2 Ft Myers FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Same as above</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Same as above</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED~~ **John Gnages** 4/14/03 239-561-4666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CRE083 (10/02)