


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

03-28-2005 90289 002 ****50.00

DOCUMENT # L04000018008			
1. Entity Name GEMWORTH, LLC			
Principal Place of Business 9815 BAY MEADOW BONITA SPRINGS, FL 34135 <i>See Note Cover Letter</i>		Mailing Address 9815 BAY MEADOW BONITA SPRINGS, FL 34135 <i>See Note Cover Letter</i>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>Same</i>		Suite, Apt. #, etc. <i>Same</i>	
City & State <i>Same</i>		City & State <i>Same</i>	
Zip	Country USA	Zip	Country USA
4. FEI Number Not Applicable		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OTTO, KENNETH L. 9815 BAY MEADOW BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name John L Stinziano, Attorney @ Law Street Address (P.O. Box Number is Not Acceptable) 5551 Ridgewood Drive City Naples FL Zip Code 34108	
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 <i>Kenneth L. Otto</i> (NOTE: Registered Agent signature required when re-registering) DATE 3/24/05			
Filing Fee is \$50.00 Due by May 11 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Julie H. Otto, President</i> 9815 Bay meadow Bonita Springs, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Kenneth L. Otto, Ch. 6</i> 9815 Bay meadow Bonita Springs, FL 34135	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <i>Kenneth L. Otto</i> Kenneth L. Otto		DATE: 3/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	
<i>Julie H. Otto</i> JULIE H. OTTO			



ATTACHMENT

30004655

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 1, 2005

GEMWORTH, LLC
9815 BAY MEADOW
BONITA SPRINGS, FL 34135

Subject: GEMWORTH, LLC

Reference Number: L04000018008

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/WJ
ANNUAL REPORTS SECTION

Please Note The Following.
• Titles of members as requested.
have been provided
• Name and address of new
Registered agent, (We have moved
to No. Carolina. The new address
is P.O. Box 3282, Cashiers, N.C.
28717. The Phone is 828-743-7059.
E-mail is otomeister@aol.com.

Denneen L. Hood