


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4/ FILED
May 01, 2006 8:00 am
Secretary of State

04-13-2006 90043 018 ****50.00

DOCUMENT # L04000018008

1. Entity Name
GEMWORTH, LLC



Principal Place of Business
9845 BAY MEADOW
BONITA SPRINGS, FL 34135 US

Mailing Address
9845 BAY MEADOW
BONITA SPRINGS, FL 34135 US



2. Principal Place of Business
845 W. ROCHESTER DR.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3282
Suite, Apt. #, etc.

02112006 Chg-LLC CR2E083 (11/05)

City & State
Cashiers, No. Carolina

City & State
Cashiers, No. Carolina

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
28717

Country
USA

Zip
28717

Country
USA

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

6. Name and Address of Current Registered Agent
STINZIANO, JOHN
STINZIANO, JOHN
5551 RIDGEWOOD DR
NAPLES, FL 34108
239-514-7555

7. Name and Address of New Registered Agent
Name
Kenneth L. Otto
Street Address (P.O. Box Number is Not Acceptable)
845 W. ROCHESTER DR
P.O. Box 3282
City
Cashiers, N.C.
Zip Code
28717

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 Kenneth L. Otto John Stinziano DATE 4-27-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P	OTTO, JULIE M 9845 BAY MEADOW BONITA SPRINGS, FL 34135 <i>Cashiers, N.C. 28717</i>	TITLE P	Kenneth L. Otto 845 W. Rochester Dr. Cashiers, N.C. 28717 <i>Address</i>
TITLE CFO	OTTO, KENNETH L 9845 BAY MEADOW BONITA SPRINGS, FL 34135 <i>Cashiers, N.C. 28717</i>	TITLE CFO	Kenneth L. Otto 845 W. Rochester Dr. Cashiers, N.C. 28717 <i>Address</i>
TITLE		TITLE	
TITLE		TITLE	
TITLE		TITLE	
TITLE		TITLE	

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: Kenneth L. Otto Julie M. Otto DATE 4/5/06

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Julie M. Otto *Julie M. Otto* *4/5/06*



ATTACHMENT

30606509

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2006

514-7857

GEMWORTH, LLC
P.O. BOX 3282
CASHIERS, NC 28717 US

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):

The registered agent must have a **Florida** street address. *See correction. - Ken 8/10 4/27*

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.

/cj
ANNUAL REPORTS SECTION