


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90034 001 ****50.00

DOCUMENT # L04000018008			
1. Entity Name GEMWORTH, LLC		Principal Place of Business 845 W. ROCHESTER DR CASHIERS NC 28717 US	
Mailing Address P.O. BOX 3282 CASHIERS NC 28717 US		2. Principal Place of Business - No P.O. Box # 845 W. ROCHESTER DR.	
3. Mailing Address P.O. Box 3282		Suite, Apt. #, etc.	
City & State CASHIERS, NO. CAROLINA		City & State CASHIERS, NO. CAROLINA	
Zip 28717	Country USA	Zip 28717	Country USA
6. Name and Address of Current Registered Agent STINZIANO, JOHN L. 5551 RIDGEWOOD DR. NAPLES FL 34128		7. Name and Address of New Registered Agent 800 LAUREL OAK DR. SUITE 600 NAPLES, FL. 34108 239-254-2928	
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>		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P OTTO, JULIE H P.O. BOX 3282 CASHIERS NC 28717 <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	CFO OTTO, KENNETH L P.O. BOX 3282 CASHIERS NC 28717 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E083 (10/06)

4. FEI Number NO-T APPLICABLE Applied For Not Applicable

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* Kenneth L. OTTO 1/22/07 828-743-7059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Company Phone #