

# 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.

Suite, Apt. #, etc.

City & State

Cashiers, No. Carolina

City & State

Cashiers, No. Carolina

Zip

28717

Country

USA

Zip

28717

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINZIANO, JOHN L.  
5551 RIDGEWOOD DR.  
NAPLES FL 34128

800 LAUREL OAK DR.  
SUITE 600  
NAPLES, FL. 34108  
239-254-2928

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

KENNEDY L. OTTO

Signature, typed or printed name of registered agent and title if applicable

(NOT) 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, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	P	<input type="checkbox"/> Delete
NAME	OTTO, JULIE H	
STREET ADDRESS	P.O. BOX 3282	
CITY- ST- ZIP	CASHIERS NC 28717	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	OTTO, KENNETH L	
STREET ADDRESS	P.O. BOX 3282	
CITY- ST- ZIP	CASHIERS NC 28717	
TITLE	P	<input type="checkbox"/> Delete
NAME	OTTO, KENNETH L	
STREET ADDRESS	845 W. ROCHESTER DR	
CITY- ST- ZIP	CASHIERS NC 28717	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	OTTO, JULIE	
STREET ADDRESS	845 W. ROCHESTER DR	
CITY- ST- ZIP	CASHIERS NC 28717	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: KENNEDY 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

Daytime Phone #