


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90063 010 \*\*\*138.75

**DOCUMENT # L04000018008**

1. Entity Name  
**GEMWORTH, LLC**



Principal Place of Business  
**895 W. ROCHESTER DR**  
**CASHIERS, NC 28717 US**

Mailing Address  
**P.O. BOX 3282**  
**CASHIERS, NC 28717 US**

**60007467**



2. Principal Place of Business - No P.O. Box #  
**895 W. ROCHESTER DR.**

3. Mailing Address  
**P.O. BOX 3282**

Suite, Apt. #, etc.

01222008 Chg-LLC CR2E083 (12/06)

City & State  
**CASHIERS, N.C.**

City & State  
**CASHIERS, N.C.**

Zip  
**28717**

Country  
**USA**

Zip  
**28717**

Country  
**USA**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STINZIANO, JOHN L**  
**800 LAUREL OAK DR**  
**STE 600**  
**NAPLES, FL 34108**

7. Name and Address of New Registered Agent

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 *Kenneth L. Otto* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P <input type="checkbox"/> Delete	NAME OTTO, JULIE H	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS P.O. BOX 3282	CITY-ST-ZIP CASHIERS, NC 28717	STREET ADDRESS	CITY-ST-ZIP
TITLE CFO <input type="checkbox"/> Delete	NAME OTTO, KENNETH L	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS P.O. BOX 3282	CITY-ST-ZIP CASHIERS, NC 28717	STREET ADDRESS	CITY-ST-ZIP
TITLE P <input type="checkbox"/> Delete	NAME OTTO, KENNETH L	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 845 W. ROCHESTER DR	CITY-ST-ZIP CASHIERS, NC 28717	STREET ADDRESS <i>895 NOT 845 ROCHESTER DR</i>	CITY-ST-ZIP
TITLE CFO <input type="checkbox"/> Delete	NAME OTTO, JULIE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 845 W. ROCHESTER DR	CITY-ST-ZIP CASHIERS, NC 28717	STREET ADDRESS <i>895 NOT 845 ROCHESTER DR</i>	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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* **1/23/08**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **828-743-7051**