

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018008

FILED
Jun 25, 2009
Secretary of State

Entity Name: GEMWORTH, LLC

Current Principal Place of Business:

895 W. ROCHESTER DR
CASHIERS, NC 28717 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3282
CASHIERS, NC 28717 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: OTTO, JULIE H
Address: P.O. BOX 3282
City-St-Zip: CASHIERS, NC 28717

Title: CFO () Delete
Name: OTTO, KENNETH L
Address: P.O. BOX 3282
City-St-Zip: CASHIERS, NC 28717

Title: P () Delete
Name: OTTO, KENNETH L
Address: 895 NOS 845 ROCESIER DR.
City-St-Zip: CASHIERS, NC 28717

Title: CFO () Delete
Name: OTTO, JULIE
Address: 845 W. ROCHESTER DR
City-St-Zip: CASHIERS, NC 28717

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIE H OTTO

CFO

06/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date