## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000059441

1. Entity Name GOSS, PARKER, QUINSEY, LLC



FILED Jan 30, 2006 08:00 AM Secretary of State

Principal Place of Business

3073 CECELIA DRIVE APOPKA, FL 32703 Mailing Address

3073 CECELIA DRIVE APOPKA, FL 32703



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 42-1640510 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, JOHN V 3073 CECELIA DRIVE APOPKA, FL 32703

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5. 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.

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

(NOTE: Registered Agent argustrus required when reinstating)

DATE

## Filling Fee is \$50.00 Due by May 1, 2006

<del></del>	
9.	MANAGING MEMBERS/MANAGERS
TITLE .	MGRM
NAME	GOSS, DAVID L
STREET ADDRESS	715 CRICKLEWOOD TERRACE
OTY-ST-ZIP	HEATHROW, FL 32746
nnle.	MGRM
HAME	GOSS, RONNIE
STREET ADDRESS	715 CRICKLEWOOD TERRACE
DIY-ST-ZP	HEATHROW, FL 32746
TITLE	MGRM
NAME	PARKER, JOHN V
STREET ADDRESS	3073 CECELIA DRIVE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	MGRM
NAME	Parker, Susan
STREET ADDRESS	3073 CECELIA DRIVE
City-St-Zip	APOPKA, FL 32703
TITLE	MGRM
NAME	C.K. QUINSEY HOLDINGS, LTD.
STREET ADDRESS	1833 CHERRY RIDGE DRIVE
ध्यार-डा-यह	HEATHROW, FL 32746
TITLE	
NAME	
STREET ADDRESS	
מוץ-51-21	

U00000409701 02/09/06-80006-010 55.00

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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 feetiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

John Carkens

NGRATURE AND TYPED OR PRINTED NAME OF SIDWING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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