~2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000059441

1. Entity Name

GOSS, PARKER, QUINSEY, LLC

FILED Jan 24, 2008 08:00 Al Secretary of State

Principal Place of Business

3073 CECELIA DRIVE APOPKA, FL 32703 Mailing Address

3073 CECELIA DRIVE APOPKA, FL 32703



01112008No Chg-LLC

CR2E083 (12/07)

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

DO NOT WRITE IN THIS SPACE

PARKER, JOHN V 3073 CECELIA DRIVE APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE

8.	. The above named entity submits this statement for the purpose of chang	ging its registered office or registered age	ent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.			

SIGNATURE.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	GOSS, DAVID L		
STREET ADDRESS	715 CRICKLEWOOD TERRACE		
CITY-ST-ZIP	HEATHROW, FL 32746		
TITLE	MGRM		
NAME	GOSS, RONNIE		
STREET ADDRESS	715 CRICKLEWOOD TERRACE		
CITY-ST-ZIP	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	1633 CHERRY RIDGE DRIVE		
CITY-ST-ZIP	HEATHROW, FL 32748		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP	••		

U00000793930 01/25/08-80026-014 138.75

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/15/08

407-244-4026

Daytime Phone