

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106381

Entity Name: QUINNSWORTH, LLC

FILED  
May 31, 2006  
Secretary of State

**Current Principal Place of Business:**

591 NW BROKEN OAK TRAIL  
JENSEN BEACH, FL 34957 US

**New Principal Place of Business:**

**Current Mailing Address:**

591 NW BROKEN OAK TRAIL  
JENSEN BEACH, FL 34957 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
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:**

HUNDLEY, GREGORY C  
5770 W. IRLO BRONSON HWY.  
#324  
KISSIMMEE, FL 34746 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: MGRM ( ) Delete  
Name: QUINN, JOHN J  
Address: 9321 SPRING RUN BOULEVARD #2902  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM ( ) Delete  
Name: QUINN, HELEN  
Address: 9321 SPRING RUN BOULEVARD #2902  
City-St-Zip: BONITA SPRINGS, FL 34135 US

**ADDITIONS/CHANGES:**

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 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: JOHN J. QUINN

MR.

05/31/2006

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