2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 26, 2008 8:00 am
Secretary of State
02-26-2008 90037 009 ***138.75

DOCUMENT # L05000106381

1. Entity Name
QUINNSWORTH, LLC

Principal Place of Business	Mailing Address
591 NW BROKEN OAK TRAIL JENSEN BEACH FL 34957 US	591 NW BROKEN OAK TRAIL JENSEN BEACH FL 34957 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
23712 Stony River	23712 Stony River
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonita Springs Fl	City & State: Bonita Springs F
Zip: 34135 Country: LLC	Zip: 34135 Country: LLC

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEST, RAY CPA
19830 CHIPEL TRACE
ESTERO FL 33928

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 [signature] CPA
Signature, typed or printed name of registered agent and title if applicable (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	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	QUINN, JOHN J.		NAME		
STREET ADDRESS	9321 SPRING RUN BOULEVARD #2902		STREET ADDRESS	23712 Stoney River	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP	Bonita Springs Fl 34135	
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	QUINN, HELEN		NAME		
STREET ADDRESS	9321 SPRING RUN BOULEVARD #2902		STREET ADDRESS	23712 Stoney River	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP	Bonita Springs Fl 34135	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] CPA Ray T. Kest CPA 2/16/08 239 777 8943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #