



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90043 029 ****55.00

DOCUMENT # L05000111424 1. Entity Name GOSS, PARKER, QUINSEY, LAKE MARY, LLC					
Principal Place of Business 661 E. ALTAMONTE DR. SUITE 318 ALTAMONTE SPRINGS, FL 32701 US				Mailing Address 661 E. ALTAMONTE DR. SUITE 318 ALTAMONTE SPRINGS, FL 32701 US	
2. Principal Place of Business 3073 Cecelia Dr Suite, Apt. #, etc.		3. Mailing Address 3073 Cecelia Dr Suite, Apt. #, etc.			
City & State Apopka, FL Zip 32703		City & State Apopka, FL Zip 32703		4. FEI Number 20-3888840 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKER, JOHN V 661 E. ALTAMONTE DR. 318 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name John V Parker Street Address (P.O. Box Number is Not Acceptable) 3073 Cecelia Dr City Apopka FL Zip Code 32703	
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 <u><i>John V Parker</i></u> John V. Parker MD DATE 4-3-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Christopher Quinsey 1633 Cherry Ridge Dr. Heathrow, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John V Parker 3073 Cecelia Dr Apopka, FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Susan m Parker 3073 Cecelia Dr Apopka, FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM David Goss 715 Cricklewood Terrace Heathrow, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ronnie Goss 715 Cricklewood Terr Heathrow, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>John V Parker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4-3-06 Daytime Phone # 407-294-6026		