


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000111424 1. Entity Name GOSS, PARKER, QUINSEY, LAKE MARY, LLC	
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Principal Place of Business 3073 CECELIA DR APOPKA, FL 32703 US	Mailing Address 3073 CECELIA DR APOPKA, FL 32703 US
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DO NOT WRITE IN THIS SPACE



01112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3888840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PARKER, JOHN V
3073 CECELIA DR
APOPKA, FL 32703**

**DO NOT WRITE
IN THIS SPACE**

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, 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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUINSEY, CHRISTOPHER 1833 CHERRY RIDGE DR LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, JOHN V 3073 CECELIA DR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, SUSAN M 3073 CECELIA DR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOSS, DAVID 715 CRICKLE WOOD TERR LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000794076
01/25/08-80033-021 138.75

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: John V Parker **1/15/08** **407-294-6026**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #