

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 29, 2008 8:00 am
Secretary of State

04-28-2008 90056 014 ***138.75

DOCUMENT # L07000108494 1. Entity Name WENTWORTH PARTNERS, LLC					
Principal Place of Business 2611 KEYSTONE RD UNIT B-5 TARPON SPRINGS, FL 34688			Mailing Address 2611 KEYSTONE RD UNIT B-5 TARPON SPRINGS, FL 34688		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 26-1437387	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PERNA-EAGAN, JENNIFER 2611 KEYSTONE RD UNIT B-5 TARPON SPRINGS, FL 34688				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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DUBOW, DAVID 2811 KEYSTONE RD UNIT B-5 TARPON SPRINGS, FL 34688	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PERNA-EAGAN, JENNIFER 2611 KEYSTONE RD UNIT B-5 TARPON SPRINGS, FL 34688	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM D'AMICO, JEFFREY 2223 MURFIELD WAY OLDSMAR, FL 34688	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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>Jennifer Perna-Egan</u> 4-24-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
JENNIFER PERNA-EAGAN					