2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000025767

1. Entity Name GORDON INTERESTS, L.L.C.



FILED Jan 17, 2007 08:00 AM Secretary of State

Principal Place of Business

% WILLIAM J. GORDON 7355 S.W. 9TH STREET VERO BEACH, FL 32968 Mailing Address

% WILLIAM J. GORDON 7355 S.W. 9TH STREET VERO BEACH, FL 32968



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 36-4511712 Applied For Not Applicable

5. Certificate of Status Desired

X.

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRIS, CHARLES E 817 BEACHLAND BOULEVARD VERO BEACH, FL 32963

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

Filing Fee Is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, WILLIAM J 7355 SW 9TH ST. VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, NANCY H 7355 SW 9TH ST. VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY- ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000587785 01/17/07-80046-020 55.00

DO NOT WRITE IN THIS SPACE

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:

BIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESE

1/10/0-

772-770-0042

Daytime Phone #