


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

<b>DOCUMENT # A01000000863</b>			
1. Entity Name GORDON FAMILY INVESTMENT CLUB, LTD.			
Principal Place of Business 14020 N. MIAMI AVENUE MIAMI, FL 33168		Mailing Address 14020 N. MIAMI AVENUE MIAMI, FL 33168	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1115171		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, ROGER M 14020 N. MIAMI AVENUE MIAMI, FL 33168		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$8,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GORDON, ROGER M	STREET ADDRESS	
NAME	14020 N. MIAMI AVENUE	CITY - ST - ZIP	
STREET ADDRESS	MIAMI, FL 33168		
CITY - ST - ZIP			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: <i>Roger M Gordon</i> Roger M Gordon		4/29/05 305-681-1723	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

FILED

2005 MAY -3 PM 3: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292005 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-1115171

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, ROGER M  
14020 N. MIAMI AVENUE  
MIAMI, FL 33168

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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SIGNATURE: *Roger M Gordon* Roger M Gordon 4/29/05 305-681-1723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE