2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 11 PM 12:22

LL 08/30/04

07302004 Chg-LP CR2E003 (10/03)

DOCUMENT # A03926

1. Entity Name
GORDON INVESTMENTS, LTD

Principal Place of Business	Mailing Address
10600 S.W. 67TH AVE MIAMI, FL 33156	10600 S.W. 67TH AVE MIAMI, FL 33156

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 59-1550060 ☐ 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, CALVIN 10600 S.W 67TH AVENUE MIAMI FL 33156	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
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
$48,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	GORDON, CALVIN	CITY-ST-ZIP	
STREET ADDRESS	10800 SW 67TH AVE.		
CITY-ST-ZIP	MIAMI, FL		
DOCUMENT #		STREET ADDRESS	
NAME	GORDON, RUBYE	CITY-ST-ZIP	
STREET ADDRESS	10600 SW 67TH AVE		
CITY-ST-ZIP	MIAMI, FL		
DOCUMENT #		STREET ADDRESS	800041073658
NAME		CITY-ST-ZIP	09/14/04--01079--002 **424.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ 8/5/04 305-665-3680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #