

AUG. 5. 2004 12:38PM SBF| CITRINE TECHNOLOGY

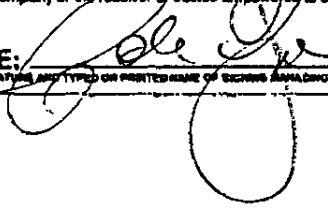
**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

8/

**Aug 23, 2004 8:00 am
Secretary of State**

08-10-2004 90051 043 ****50.00

DOCUMENT # L03000012359			
1. Entity Name GORDON INVESTMENTS, LLC			
Principal Place of Business 10600 S.W. 67 AVENUE MIAMI, FL 33156		Mailing Address 10600 S.W. 67 AVENUE 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 06-1694742		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$5.00	
6. Name and Address of Current Registered Agent GORDON, CAL 10600 S.W. 67 AVENUE MIAMI, FL 33156		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 fee is applicable. (PRINT) Registered Agent Signature Required when re-registering.			
Filing Fee is \$50.00 Due by September 8, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL AGENT/MGR ☐ Delete CALVIN GORDON 10600 SW 67 AVE MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL AGENT/MGR ☐ Delete RUBY GORDON 10600 SW 67 AVE MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 exemption stated in Section 119.07(3)(a), 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 806, Florida Statutes.			
SIGNATURE: 		8/5/04 305-665-3682	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	