

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

03-15-2004 90435 032 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000038698 1. Entity Name GORI INVESTMENTS LLC					
Principal Place of Business 2840 HAMMONDVILLE RD. POMPANO BEACH FL 33069			Mailing Address 2840 HAMMONDVILLE RD. POMPANO BEACH FL 33069		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2451000	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BISHINS, LARRY V. ESQ. 4548 N. FEDERAL HWY. FORT LAUDERDALE FL 33308				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHILIP T. GOR 1728 NE 23RD AVE FT LAUD FL 33305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500028658685 02/12/04--01035--017 **500.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 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:			2-4-04 954-973-6888		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

Attachments 403000038698 34003895

Form **SS-4**

Application for Employer Identification Number

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
See separate instructions for each line. Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Gori Investments LLC	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. Box) 2840 Hammondville Rd.	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state and ZIP code Pompano Beach, FL 33069	5b City, state, and ZIP code
	6 County and state where principal business is located Broward County, Florida	
	7a Name of principal officer, general partner, grantor, owner, or trustor Philip Gori	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)	Estate (SSN of decedent)
Sole proprietor (SSN)	Plan administrator (SSN)
Partnership	Trust (SSN of grantor)
Corporation (enter form number to be filed)	National Guard
Personal service corp.	Farmers' cooperative
Church or church-controlled organization	REMIC
Other nonprofit organization (specify)	Group Exemption Number (GEN)
X Other (specify) limited liability company	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country n/a
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9 Reason for applying (check only one box)	Banking purpose (specify purpose)
X Started new business (specify type) real estate investment	Changed type of organization (specify new type)
Hired employees (Check the box and see line 12.)	Purchased going business
Compliance with IRS withholding regulations	Created a trust (specify type)
Other (specify)	Created a pension plan (specify type)

10 Date business started or acquired (month, day, year) October 9, 2003	11 Closing month of accounting year Dec 31
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have employees during the period, enter "-0-".	Agricultural	Household	Other
	0	0	0

14 Check one box that best describes the principal activity of your business.	Health care & social assistance	Wholesale - agent/broker
Construction	Accommodation & food service	Wholesale - other
Rental & leasing	Other (specify)	Retail
X Real estate		
Manufacturing		
Transportation & warehousing		
Finance & insurance		

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. n/a
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16a Has the applicant ever applied for an employer identification number for this or any other business?	Yes	No
Note: If "yes," please complete lines 16b and 16c.		

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name
Trade name

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year)
City and state where filed
Previous EIN

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Larry V. Bishins, Esq.	Designee's telephone number (include area code) 954-772-7900
	Address and ZIP code 4548 No Federal Hwy Ft Lauderdale, FL 33308	Designee's fax number (include area code) 954-772-7924

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) Philip Gori, Manger

Signature

Date 3-26-2004

Applicant's telephone number (include area code)
954-822-2211
Applicant's fax number (include area code)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **SS-4** (Rev. 12-2001)