2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREET ADDRESS

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CITY-ST-ZIP

CITY - 51 - 70°

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Apr 19, 2005 8:00 am Secretary of State 03-21-2005 90538 015 ****50.00 DOCUMENT # L04000033361 1. Entity Name GORDON PROPERTIES, LLC Principal Place of Business Mailing Address 99 SOUTH ALCANIZ ST, STE A 99 SOUTH ALCANIZ ST, STE A PENSACOLA, FL 32502 PENSACOLA, FL 32502 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112005 Chg-LLC CR2E083 (10/03) 20-101833/ Applied For Not Applicable Applied For City & State City & State 4. FEI Number Country Zio Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLMES, ROBERT G-Street Address (P.O. Box Number is Not Acceptable) 99 SOUTH ALCANIZ ST, STE A PENSACOLA, FL 32502 City 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 SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State , MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ROBELT G. Hounes TITLE TITLE ☐ Change ☐ Addition 99 S. ALCANIZ ST., STE.A NAME NAME STREET ADDRESS STREET ADDRESS PONSACOLA, FL 32502 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-20P TITLE Delete ITILE Change ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - 57 - 71P ☐ Addillon IME Deleta 🔲 IIILE ☐ Cysuge MANT NAME

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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3-18-05-SIGNATURE: _______ 850-444-9800 WITCH HAME OF COURSE MANAGEM MEMORE, MANAGER OR AUTHORIZED REPRESENTATION