


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90019 038 *****55.00

DOCUMENT # L04000061391	
1. Entity Name GORDON BOATWORKS, LLC	

Principal Place of Business 163 POINCIANA ROAD EDGEWATER FL 32141	Mailing Address 163 POINCIANA ROAD EDGEWATER FL 32141
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2. Principal Place of Business 435-BZ S. AIR PARK ROAD	3. Mailing Address 163 POINCIANA ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State EDGEWATER, FL	City & State EDGEWATER, FL
Zip 32132	Zip 32141
Country VOLUSIA	Country VOLUSIA



1st MOORE CR2E083 (10/04)

4. FEI Number 16-1709515	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GORDON, TOM 163 POINCIANA ROAD EDGEWATER FL 32141	
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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 Tom Gordon Feb 7 2005
Signature, typed or printed name of registered agent and title if applicable (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, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, TOM 163 POINCIANA ROAD EDGEWATER FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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(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: Tom Gordon Feb 7 2005 386 314 4229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #