2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 04, 2007 08:00 A Secretary of State **DOCUMENT # L04000090830** GORDON FUND, LLC Principal Place of Business Mailing Address 5120 CEROMAR DRIVE 5120 CEROMAR DRIVE NAPLES, FL 34112 NAPLES, FL 34112 CR2E083 (11/05) 04012007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0124907 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FOGARTY, DENNIS 5120 CEROMAR DRIVE NAPLES, FL 34112 IN THIS SPACE 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) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE FOGARTY, DENNIS NAME U00000689099 5120 CEROMAR DRIVE STREET ADDRESS 04/11/07-80023-004 50.00 CITY-ST-ZIP NAPLES, FL 34112 MGRM TITLE FOGARTY, MICHAEL NAME STREET ADDRESS 5120 CEROMAR DRIVE CITY-ST-ZIP NAPLES, FL 34112 TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 fecciver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

G MANAGING KENIBER, OR AUTHORIZED REPRESENTATIVE