

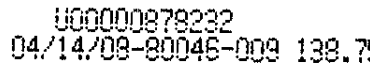
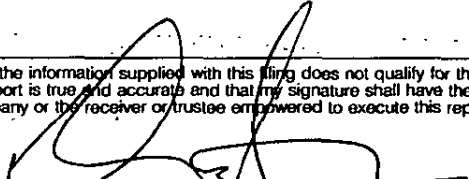


**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000090830</b>				<b>Apr 02, 2008 08:00</b> <b>Secretary of State</b>		
1. Entity Name <b>GORDON FUND, LLC</b>						
Principal Place of Business <b>5120 CEROMAR DRIVE NAPLES, FL 34112</b>		Mailing Address <b>5120 CEROMAR DRIVE NAPLES, FL 34112</b>				
<b>DO NOT WRITE IN THIS SPACE</b>						
		03232008 No Chg-LLC      CR2E083 (12/07)				
		4. FEI Number <b>20-0124907</b>		Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>FOGARTY, DENNIS 5120 CEROMAR DRIVE NAPLES, FL 34112</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>						
9. MANAGING MEMBERS/MANAGERS		 <b>DO NOT WRITE IN THIS SPACE</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FOGARTY, DENNIS 5120 CEROMAR DRIVE NAPLES, FL 34112</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FOGARTY, MICHAEL 5120 CEROMAR DRIVE NAPLES, FL 34112</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE: 		3/23      234530 0291				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>				