


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90261 029 ****55.00

DOCUMENT # L05000056691		
1. Entity Name GORDON AT VIA MIZNER, LLC		

Principal Place of Business 3839 NW BOCA RATON BLVD SUITE 100-A BOCA RATON, FL 33431 US	Mailing Address 3839 NW BOCA RATON BLVD SUITE 100-A BOCA RATON, FL 33431 US
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2. Principal Place of Business - No P.O. Box # 6464 BELLAMALFI ST.	3. Mailing Address 6464 BELLAMALFI ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boca Raton, FL.	City & State Boca Raton, FL.
Zip 33496	Zip 33496
Country US	Country US



03302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3014411		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		
LEVINE, JEFFREY A 4000 N. FEDERAL HIGHWAY 6751 N. FEDERAL HIGHWAY SUITE 201 SUITE 301 BOCA RATON, FL 33431 Boca Raton, FL 33487		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, GARY 3839 NW BOCA RATON BLVD, #100-A BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6464 Bellamalfi Street Boca Raton, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, ROBERT J 3839 NW BOCA RATON BLVD, #100-A BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6464 Bellamalfi Street Boca Raton, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #