2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90047 050 ****50.00

3.22.08 139-430-2325

DOCUMENT # L0500060107 1. Entity Name GORDON RIVER DEVELOPMENT LLC)	03-27-2006	90047 050 *	***50	.00
Principal Place of Business 699 5TH AVE. SOUTH NAPLES, FL 34102			Mailing Address 699 5TH AVE. SOUTH NAPLES, FL 34102							
NAPLES, FL	34102		10.0 200, 12 01.02			 	 	A BOURD BERN BEINE HEI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I I II I II I
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01312006	Chg-LLC	CR2E083 (*	1/05)	
City & State			City & State			4. FEI Numbe		44		lied For Applicable
Zip	Country		Zip Count		try	5. Certificate of Status Desired Status Desired Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
MCCABE, PHILIP J					Street Address (P.O. Box Number is Not Acceptable)					
699 5TH A' NAPLES, F			Street Address (
					City FL Zip Code				<u></u>	
		ty submits this statement for		- register	· ·	tered agent, or hot	h in the State of Fl	1	iar with, a	and accept
8. The above the obligati	named entil ions of regis	ty submits this statement for stered agent.	the purpose of changing as	s iadiora:	ed office of regist	tered again, or box		• • • • • • • • • • • • • • • • • • • •		
SIGNATURE.	Signature, lyped	d or printed name of registered agent ar	id litte if applicable. (NO	TE: Registere	ed Agent signature requi	ired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006						į		ke check paya a Department		;
9.		MANAGING MEMBER	S/MANAGERS 10.				ADDITIONS	/CHANGES		
TITLE.	MGRM PHILIP J	. MCCABE REVOCABLE	☐ Delete TITL TRUST NAM		1	-			Change	☐ Addition
STREET ADDRESS	699 5TH	AVE. SOUTH	STR		EET ADDRESS Y-ST-ZIP					
TITLE		, ,	☐ Delete	III					Change	Addition
NAME STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP				Change	Addition
TITLE			☐ Delete	TITI NAI					Ondingo	
STREET ADDRESS					REET ADDRESS Y-ST-ZIP					
CITY-ST-ZIP			Delete	TiT					Change	Addition
NAME			<u> </u>	NA.	ME					
STREET ADDRESS CITY-ST-ZIP					REET ADDRESS IY-ST-ZIP					
TITLE	 		☐ Delete	III		·			Change	Addition
NAME STREET ADORESS				. ST	ME REET ADDRESS					
CITY-ST-ZIP	ļ		<u> </u>		TY-ST-ZIP			<u>-</u>] Change	Addition
TITLE			☐ Delete	TIT NA	LE LME			_	, change	
NAME STREET ADDRESS	;			ST	REET ADDRESS					
CITY-ST-ZIP					TY-S1-ZIP	adia Obcata 110	Elorida Statutas I	further certify the	at the info	ormation
11. I hereby indicate limited li	certify that of on this registry communication of the communication of t	the information supplied with port is true and accurate and any or the receiver of truster	this filing does not qualify that my signature shall hav empowered to execute the	tor the ex e the sar is port	cemptions contair me legal effect as as required by Cl	if made under oat hapter 608, Florida	h; that I am a man Statutes.	aging member o	r manage	er of the