

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2007 90261 021 ****55.00

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1. Entity Name
GORDON HOMES, LLC



Principal Place of Business
~~3839 NW BOCA RATON BLVD~~
~~100-A~~
~~BOCA RATON, FL 33431 US~~

Mailing Address
~~3839 NW BOCA RATON BLVD~~
~~100-A~~
~~BOCA RATON, FL 33431 US~~

60048280



2. Principal Place of Business - No P.O. Box #
6464 BELLAMALFI ST.
Suite, Apt. #, etc.

3. Mailing Address
6464 BELLAMALFI ST.
Suite, Apt. #, etc.

03302007 Chg-LLC CR2E083 (12/06)

City & State
BOCA RATON, FL.
Zip 33496 Country US

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Zip 33496 Country US

4. FEI Number
20-3585827
Applied For
Not Applicable

5. Certificate of Status Desired **6** \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFREY A. LEVINE, P.A.
4000 N. FEDERAL HIGHWAY 6751 N. FEDERAL HIGHWAY
201 SUITE 301
BOCA RATON, FL 33431 BOCA RATON, FL 33481

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE MGR
NAME GORDON, GARY ☐ Delete
STREET ADDRESS 3839 NW BOCA RATON BLVD #100-A
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE MGR
NAME GORDON, ROBERT J ☐ Delete
STREET ADDRESS 3839 NW BOCA RATON BLVD #100-A
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME 6464 Bellamalfi Street
STREET ADDRESS Boca Raton, FL 33496
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #