

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2007 90261 031 ****55.00

DOCUMENT # L05000088726					
1. Entity Name GORDON INVESTMENT HOLDINGS, 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		
2. Principal Place of Business - No P.O. Box # 6464 BELLAMALFI ST. Suite, Apt. #, etc.		3. Mailing Address 6464 BELLAMALFI ST. Suite, Apt. #, etc.			
City & State BOCA RATON, FL.		City & State BOCA RATON, FL.		4. FEI Number 20-3585102	
Zip 33496		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFREY A. LEVINE, P.A. 4000 N. FEDERAL HIGHWAY SUITE 301 BOCA RATON, FL 33431				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 MGR NAME GORDON, GARY STREET ADDRESS 3839 NW BOCA RATON BLVD #100-A CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 6464 Bellamalfi Street CITY-ST-ZIP Boca Raton, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME GORDON, ROBERT J STREET ADDRESS 3839 NW BOCA RATON BLVD #100-A CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 6464 Bellamalfi Street CITY-ST-ZIP Boca Raton, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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 #	