

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2007 90261 020 ****55.00

DOCUMENT # L05000088732

1. Entity Name
GORDON REALTY HOLDINGS, LLC



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

60048281



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
6464 BELLAMALFI ST. **6464 BELLAMALFI ST.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

03302007 Chg-LLC CR2E083 (12/06)

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

4. FEI Number Applied For
20-3585236 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

JEFFREY A. LEVINE, P.A. Name
4000 N. FEDERAL HIGHWAY 6464 BELLAMALFI STREET
201 SUITE 301 Street Address (P.O. Box Number is Not Acceptable)
BOCA RATON, FL 33431 BOCA RATON, FL 33487
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	MGR 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Boca Raton, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Boca Raton, FL 33496
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
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 #