

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2007 90261 037 ****55.00

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| DOCUMENT # L05000088733 | | | | | |
| 1. Entity Name GORDON HOMES III, 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. | | 3. Mailing Address 6464 BELLAMALFI ST. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03302007 Chg-LLC CR2E083 (12/06) | |
| City & State BOCA RATON, FL. | | City & State BOCA RATON, FL. | | 4. FEI Number 20-3585537 | |
| Zip Country 33496 US | | Zip Country 33496 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 6751 N. FEDERAL HIGHWAY 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 | 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 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 Boca Raton, FL 33496 | |
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| 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 # | | | | | |