

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-03-2007 90261 030 \*\*\*\*55.00

**DOCUMENT # L05000088736**

1. Entity Name  
**GORDON HOMES IV, LLC**



**60048271**



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

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.**

4. FEI Number      Applied For  
**20-3585469**      Not Applicable

Zip      Country      Zip      Country  
**33496**      **US**      **33496**      **US**

5. Certificate of Status Desired       **\$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**  
~~204~~ **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
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	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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6464 Bellamalfi Street</b> <b>Boca Raton, FL 33496</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6464 Bellamalfi Street</b> <b>Boca Raton, FL 33496</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE