

# 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



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

Mailing Address  
~~3839 NW BOCA RATON BLVD-~~  
~~400-A~~  
~~BOCA RATON, FL 33431 US~~

**60048271**



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.**

City & State  
**BOCA RATON, FL.**

4. FEI Number  
20-3585469

Applied For  
Not Applicable

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

Zip  
**33496** Country **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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 #