FILED
Jun 20, 2007 8:00 am
Secretary of State
05-03-2007 90261 034 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000043611

1. Entity Name
GORDON HOMES VI, LLC

30011008

Principal Place of Business	Mailing Address
~~2830 NW BOCA RATON BLVD~~ ~~100-A~~ ~~BOCA RATON, FL 33431~~	~~2830 NW BOCA RATON BLVD~~ ~~100-A~~ ~~BOCA RATON, FL 33431~~
2. Principal Place of Business - No P.O. Box # 6464 BELLAMALFI ST.	3. Mailing Address 6464 BELLAMALFI ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State BOCA RATON, FL.	City & State BOCA RATON, FL.
Zip 33496 Country US	Zip 33496 Country US

03302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5150635 — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, JEFFREY 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 ______ 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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR-MBR ROB GORDON 6464 BELLAMALFI ST BOCA RATON, FL 33496 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR-MBR GARY GORDON 6464 BELLAMALFI ST BOCA RATON, FL 33496 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 #