


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

05-01-2008 90032 005 ***138.75

DOCUMENT # L07000094880

1. Entity Name
GORDON RIVER REALTY INVESTORS, LLC



Principal Place of Business Mailing Address

6597 NICHOLAS BOULEVARD **6597 NICHOLAS BOULEVARD**
PENTHOUSE 11 **PENTHOUSE 11**
NAPLES, FL 34108 US **NAPLES, FL 34108 US**

3000883.40



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04252008 Chg-LLC CR2E083 (12/06)

4. FEE Number **26-2666288** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COMMITTE, THOMAS C JR.
6597 NICHOLAS BOULEVARD
PENTHOUSE #11
NAPLES, FL 34108

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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75



| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GORDON RIVER REALTY CORP. 6597 NICHOLAS BOULEVARD, PENTHOUSE #11 NAPLES, FL 34108 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *Thomas C. Committe Jr.* X 7/29/08 239-248-5608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #