

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000638

FILED  
Jun 02, 2009  
Secretary of State

**Entity Name:** GORDON CAPITAL APPRECIATION, LLC

**Current Principal Place of Business:**

2217 CLIPPER WAY  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

2217 CLIPPER WAY  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: 26-1662290      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GORDON, JAMES  
2217 CLIPPER WAY  
NAPLES, FL 34104 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GORDON, JAMES  
Address: 2217 CLIPPER WAY  
City-St-Zip: NAPLES, FL 34104 US

Title: MGRM ( ) Delete  
Name: GORDON, NANCY  
Address: 2217 CLIPPER WAY  
City-St-Zip: NAPLES, FL 34104 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES GORDON

MGRM

06/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date