

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002858

FILED
Mar 24, 2009
Secretary of State

Entity Name: GORDON MAINE PROPERTIES, LLC

Current Principal Place of Business:

215 SE SPANISH TRAIL
BOCA RATON, FL 33432 FL

New Principal Place of Business:

1014 GRAND COURT
BOCA RATON, FL 33487 FL

Current Mailing Address:

215 SE SPANISH TRAIL
BOCA RATON, FL 33432 FL

New Mailing Address:

1014 GRAND COURT
BOCA RATON, FL 33487 FL

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: GORDON, GARY
Address: 215 SE SPANISH TRAIL
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGR () Delete
Name: GORDON, ELVINE
Address: 215 SE SPANISH TRAIL
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GORDON, GARY
Address: 1014 GRAND COURT
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGR (X) Change () Addition
Name: GORDON, ELVINE
Address: 1014 GRAND COURT
City-St-Zip: BOCA RATON, FL 33487 US

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: GARY GORDON

MGR

03/24/2009

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