


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State


03-31-2008 90272 010 ***138.75

DOCUMENT # M04000002721 1. Entity Name MJGORDON HOLDING COMPANY, LLC	
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Principal Place of Business 110 GULF SHORE DRIVE, SUITE 122 DESTIN, FL 32541	Mailing Address 110 GULF SHORE DRIVE, SUITE 122 DESTIN, FL 32541
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2. Principal Place of Business - No P.O. Box # 2895 KALAKAUA AVE Suite, Apt. #, etc. 1509	3. Mailing Address 2895 KALAKAUA AVE Suite, Apt. #, etc. 1509
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City & State Honolulu, HI Zip 96815	City & State Honolulu, HI Zip 96815
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03182008	Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-1262940	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GORDON, MARK J 110 GULF SHORE DRIVE, SUITE 122 DESTIN, FL 32541	7. Name and Address of New Registered Agent Name Salvatori & Wood PC Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North Suite 330 City Naples FL Zip Code 34103
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: **3/27/08**

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete GORDON, MARK J 110 GULF SHORE DRIVE, SUITE 122 DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2895 KALAKAUA, AVE, 1509 Honolulu, HI 96815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 