


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90445 035 ***158.75

DOCUMENT # P02000051300		
1. Entity Name GORDON AT THE OAKS, INC.		

Principal Place of Business 3839 NE BOCA RATON BLVD., STE 100A BOCA RATON, FL 33431	Mailing Address 3839 NE BOCA RATON BLVD., STE 100A BOCA RATON, FL 33431
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94065466

2. Principal Place of Business 3839 NW BOCA RATON BLVD		3. Mailing Address 3839 NW BOCA RATON BLVD	
Suite, Apt. #, etc. STE 100A		Suite, Apt. #, etc. STE 100A	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33431	Country	Zip 33431	Country



04132004 Chg-P CR2E034 (10/03)

4. FEI Number 04-3661714		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent LEVINE, JEFFREY A 4000 N FEDERAL HWY STE 201 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVP GORDON, ROBERT <input type="checkbox"/> Delete 3839 NE BOCA RATON BLVD., STE 100A BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POS GORDON, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3839 NW BOCA RATON BLVD, STE 100A BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO GORDON, GARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3839 NW BOCA RATON BLVD STE 100A BOCA RATON, FL 33431
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT GORDON 4-22-04 561-338-8900