

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90317 045 \*\*\*\*50.00

DOCUMENT # L04000032601

1. Entity Name  
 GABLES PARKING & STORAGE, LLC



Principal Place of Business  
 7640 NW 25TH STREET  
 MIAMI, FL 33122

Mailing Address  
 7640 NW 25TH STREET  
 MIAMI, FL 33122

60046630



04112007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1309252	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

MANNE, GRACE  
 3114 STIRLING ROAD  
 FORT LAUDERDALE, FL 33312

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

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, ARNALDO 7640 NORTHWEST 25 STREET SUITE 116 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMIREZ, DONALD 626 CORAL WAY SUITE 1102 CORAL SPRINGS, FL 33134
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UN00000309145  
 04/24/07-60143-002 150.00

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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: *[Signature]* Arnaldo Hernandez 4/12/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #