

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034907

FILED
Jul 06, 2005
Secretary of State

Entity Name: GABLES VIEW OFFICE, LLC

Current Principal Place of Business:

300 ARAGON AVE SUITE 253
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

300 ARAGON AVE SUITE 253
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1172381 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:

ROZENCWAIG & FERRERO-CARR
300 ARAGON AVE SUITE 253
CORAL GABLES, FL 33134 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: MGR () Delete
Name: VALDES, OSCAR
Address: 300 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: VALDES, RICARDO
Address: 300 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: VALDES, ROBERT
Address: 300 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: MENDOZA, ALEX
Address: 300 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: OSCAR VALDES

MR.

07/06/2005

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