


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-16-2005 90039 019 ****50.00

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1. Entity Name
GABLES, LLC



Principal Place of Business
**134 MADEIRA AVENUE
 CORAL GABLES, FL 33134**

Mailing Address
**134 MADEIRA AVENUE
 CORAL GABLES, FL 33134**

30008534



2. Principal Place of Business
2600 Douglas Road

3. Mailing Address
2600 Douglas Road

Suite, Apt. #, etc.
1004

Suite, Apt. #, etc.
1004

05092005 Chg-LLC CR2E083 (10/03)

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number
20-1950845

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVENUE, SUITE 125
 CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

**Filing Fee is \$50.00
 Due by September 7, 2005**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Mgr	Roberto A. Isaias	2600 Douglas Road Ste. 1004	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mgr	William Isaias	2600 Douglas Road Ste. 1004	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mgr	Luis Isaias	2600 Douglas Road, Ste. 1004	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mgr	Maria del Carmen Morla	2600 Douglas Road Ste. 1004	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mgr	Joaquin Ribadeneira	2600 Douglas Road STE. 1004	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 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: Maria del Carmen Morla **MARIA DEL CARMEN MORLA** 05-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #