


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90196 013 ****50.00

DOCUMENT # L04000084229

1. Entity Name
GABLES, LLC



Principal Place of Business
2600 DOUGLAS ROAD
1004
CORAL GABLES, FL 33134 US

Mailing Address
2600 DOUGLAS ROAD
1004
CORAL GABLES, FL 33134 US

20007761

2. Principal Place of Business
396 ALHAMBRA CIRCLE

3. Mailing Address
396 ALHAMBRA CIRCLE

Suite, Apt. #, etc.:
100

Suite, Apt. #, etc.:
100

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

Zip
33134

Country

Zip
33134

Country



01102006 Chg-LLC CR2E083 (11/05)

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 reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ISAIAS, ROBERTO A	
STREET ADDRESS	2600 DOUGLAS ROAD STE. 1004	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ISAIAS, WILLIAM	
STREET ADDRESS	2600 DOUGLAS ROAD STE. 1004	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ISAIAS, LUIS	
STREET ADDRESS	2600 DOUGLAS ROAD, STE. 1004	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DEL CARMEN MORLA, MARIA	
STREET ADDRESS	2600 DOUGLAS ROAD STE. 1004	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RIBADENEIRA, JOAQUIN	
STREET ADDRESS	2600 DOUGLAS ROAD STE. 1004	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	396 ALHAMBRA CIRCLE STE 100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	396 ALHAMBRA CIRCLE STE 100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	396 ALHAMBRA CIRCLE STE 100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA DEL CARMEN MORLA	
STREET ADDRESS	396 ALHAMBRA CIRCLE STE 100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	396 ALHAMBRA CIRCLE STE 100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **02/09/2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #