

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L04000084229

Entity Name: GABLES, LLC

Current Principal Place of Business:

396 ALHAMBRA CIR STE 100
1004
CORAL GABLES, FL 33134 US

New Principal Place of Business:

396 ALHAMBRA CIR STE 100
CORAL GABLES, FL 33134 US

Current Mailing Address:

396 ALHAMBRA CIR STE 100
1004
CORAL GABLES, FL 33134 US

New Mailing Address:

396 ALHAMBRA CIR STE 100
CORAL GABLES, FL 33134 US

FEI Number: 20-1950845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: ISAIAS, ROBERTO A
Address: 396 ALHAMBRA CIR STE 100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: ISAIAS, WILLIAM
Address: 396 ALHAMBRA CIR STE 100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: ISAIAS, LUIS
Address: 396 ALHAMBRA CIR STE 100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: DEL CARMEN MORLA, MARIA
Address: 2600 DOUGLAS ROAD STE. 1004
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: RIBADENEIRA, JOAQUIN
Address: 396 ALHAMBRA CIR STE 100
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: MGR (X) Change () Addition
Name: DEL CARMEN MORLA, MARIA
Address: 396 ALHAMBRA CIRCLE
City-St-Zip: SUITE 100 CORAL GABLES, FL 33134

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PEDRO REYES

MR

03/30/2009

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