

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084229

FILED  
Feb 16, 2010  
Secretary of State

Entity Name: GABLES, LLC

**Current Principal Place of Business:**

396 ALHAMBRA CIR STE 100  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

396 ALHAMBRA CIR STE 100  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

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

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

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

Title: MGR  
Name: DEL CARMEN MORLA, MARIA  
Address: 396 ALHAMBRA CIRCLE  
City-St-Zip: SUITE 100 CORAL GABLES, FL 33134

Title: MGR  
Name: RIBADENEIRA, JOAQUIN  
Address: 396 ALHAMBRA CIR STE 100  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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.

02/16/2010

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