




**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90036 036 \*\*\*138.75

DOCUMENT # L07000002916			
1. Entity Name GABLES PARTNERS, LLC			
Principal Place of Business 5724 RIVIERA DRIVE CORAL GABLES, FL 33146		Mailing Address 5724 RIVIERA DRIVE CORAL GABLES, FL 33146	
2. Principal Place of Business - No P.O. Box # 878 South Dixie Hwy Suite, Apt. #, etc. 2nd Floor		3. Mailing Address 878 South Dixie Hwy Suite, Apt. #, etc. 2nd Floor	
City & State Coral Gables FL		City & State Coral Gables FL	
Zip 33146 Country		Zip 33146 Country	
4. FEI Number 51-0616022		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLOSKEY, JENNIFER 5724 RIVIERA DRIVE CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name: Geraldine Blakely Street Address (P.O. Box Number is Not Acceptable): 878 South Dixie Hwy 2nd Floor Coral Gables FL 33146 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:  Geraldine Blakely DATE: 4/28/08 <small>(NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE MCCLOSKEY GROUP, LLC 5724 RIVIERA DRIVE CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 878 South Dixie Hwy 2nd Floor Coral Gables FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Geraldine Blakely		Date: 4/29/08 305 Daytime Phone #: 333.0993	

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