2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# M06000003091

Entity Name: GABLES, LLC

Current Principal Place of Business:

C/O SALLY IMBER
1541 BRICKELL AVENUE, T107
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

C/O SALLY IMBER
1541 BRICKELL AVENUE, T107
MIAMI, FL 33129

New Mailing Address:

FEI Number: 02-0555873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

IMBER, SALLY
1541 BRICKELL AVENUE T107
MIAMI, FL 33129 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: MGRM ( ) Delete
Name: IMBER, SALLY
Address: 1541 BRICKELL AVENUE T107
City-St-Zip: MIAMI, FL 33129

Title: MGRM ( ) Delete
Name: BOXWOOD HOLDINGS, LL, C
Address: 2220 JOHNSON MILL ROAD
City-St-Zip: FOREST HILL, MD 21050 US

ADDITIONS/CHANGES:

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

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: SALLY IMBER MGRM 03/25/2009

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