2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000003091

1. Entity Name
GABLES, LLC

Principal Place of Business	Mailing Address
C/O SALLY IMBER 1541 BRICKELL AVENUE, T107 MIAMI, FL 33129	C/O SALLY IMBER 1541 BRICKELL AVENUE, T107 MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

03052008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
02-0555873	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

IMBER, SALLY
1541 BRICKELL AVENUE T107
MIAMI, FL 33129

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000853665
03/26/08-80076-023 138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	IMBER, SALLY
STREET ADDRESS	1541 BRICKELL AVENUE T107
CITY-ST-ZIP	MIAMI, FL 33129

TITLE	MGRM
NAME	BOXWOOD HOLDINGS, LLC
STREET ADDRESS	2220 JOHNSON MILL ROAD
CITY-ST-ZIP	FOREST HILL, MD 21050

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Sally Imber_ Sally Imber 3/5/2008 305-852-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #