

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000007068 1. Entity Name GABLES REALTY & MANAGEMENT, LLC	
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Principal Place of Business 45 VALENCIA AVE. CORAL GABLES, FL 33134	Mailing Address 45 VALENCIA AVE. CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4202362	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAMER & RASSNER, P.A.
7700 NORTH KENDALL DRIVE, SUITE 510
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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

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

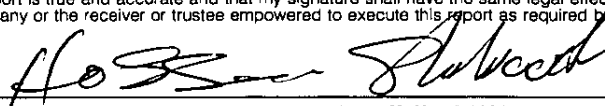
U000000890580
04/22/08-80098-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAHROODI, HOSSEIN 4747 PINEMORE LANE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAJJAR, MOHAMMAD 45 VALENCIA AVENUE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OKHOVAT, KAMRAN 45 VALENCIA AVENUE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  4/8/08

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