

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000110292

1. Entity Name
SAY GABLES INVESTMENTS LLC



Principal Place of Business
**2030 S. DOUGLAS RD, SUITE 114
CORAL GABLES, FL 33134**

Mailing Address
**2030 S. DOUGLAS RD, SUITE 114
CORAL GABLES, FL 33134**



03062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3794310	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

**SAYEGH, RICARDO
14905 SW 34 STREET
MIAMI, FL 33185**

**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**

U000000907428
05/05/08-80038-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAYEGH, RICARDO 1901 BRICKELL AVENUE - 2114-B MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAYEGH, NELSON 1901 BRICKELL AVENUE - 2114-B MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAYEGH, CLAUDIA 1901 BRICKELL AVENUE - 2114-B MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAYEGH, IRENE V 1901 BRICKELL AVENUE - 2114-B MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/15/08 **305-447-1777**
Date Daytime Phone #