

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

FILED  
Jan 04, 2005  
Secretary of State

DOCUMENT# A04000000321

Entity Name: GABLES TAVERN, LTD.

**Current Principal Place of Business:**

222 CLEMATIS STREET, SUITE 204  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

55 MIRACLE MILE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

222 CLEMATIS STREET, SUITE 204  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 47-0938821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HERBST, TODD  
222 CLEMATIS STREET, SUITE 204  
WEST PALM BEACH, FL 33401 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

**Capital Contributions as Shown on record:** 100.00

**Amount of Capital Contributions in Florida to date:** 100.00

**GENERAL PARTNER INFORMATION:**

Document #: P04000037190  
Name: GABLES TAVERN CORP.  
Address: 222 CLEMATIS STREET, SUITE 204  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: TODD HERBST

PRES

01/04/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date