


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # A15540			
1. Entity Name GABLES VIEW, LTD.			
Principal Place of Business 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI FL 33145		Mailing Address 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI FL 33145	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 59-2416743				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
FIRC MANAGEMENT INC 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI FL 33145			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____		
9. Capital Contributions as Shown on record. \$400,000.00	10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	651835	STREET ADDRESS	
NAME	FIRC MANAGEMENT INC.	CITY - ST - ZIP	
STREET ADDRESS	2299 DOUGLAS RD., 4TH FL		
CITY - ST - ZIP	MIAMI FL 33145		
DOCUMENT #		STREET ADDRESS	U00000156744
NAME		CITY - ST - ZIP	05/06/04-80004-003-526.25
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify 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 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:  **04/27/04 (305) 443-2508**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #