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FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000005185 (1)

1. Corporation Name
GABLES GP, INC.



Principal Place of Business
**2859 PACES FERRY ROAD, SUITE 1450
 ATLANTA GA 30339**

Mailing Address
**2859 PACES FERRY ROAD, SUITE 1450
 ATLANTA GA 30339-8210**

2. Principal Place of Business

21 State, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified **10/04/1996** 3a. Date of Last Report
 4. FEI Number **76-0423105** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and for the year with and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature of the person who is the President, Secretary, Treasurer or Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

NAME	COBD	<input type="checkbox"/> DELETE
STREET ADDRESS	BROMLEY, MARCUS E 2859 PACES FERRY ROAD, SUITE 1450	
CITY, ST, ZIP	ATLANTA GA 30339	
NAME	CLARK, C J	<input type="checkbox"/> DELETE
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450	
CITY, ST, ZIP	ATLANTA GA 30339	
NAME	RAINOSEK, DENNIS E	<input type="checkbox"/> DELETE
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450	
CITY, ST, ZIP	ATLANTA GA 30339	
NAME	SEVERT, DAWN H	<input type="checkbox"/> DELETE
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450	
CITY, ST, ZIP	ATLANTA GA 30339	
NAME	PCOO D	<input type="checkbox"/> DELETE
STREET ADDRESS	RIPPEL, JOHN T 2925 BRIARPARK, SUITE 1220	
CITY, ST, ZIP	HOUSTON TX 77042	
NAME	HAMMOND, WILLIAM M	<input type="checkbox"/> DELETE
STREET ADDRESS	222 W. LAS COLINAS BOULEVARD, SUITE 350	
CITY, ST, ZIP	IRVING TX 75039	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VMTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Banks, Jr., Marvin R.	
1.3 STREET ADDRESS	2859 Paces Ferry Rd. Ste 1450	
1.4 CITY-ST-ZIP	Atlanta GA 30339	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES CRAIG	
2.3 STREET ADDRESS	2925 BriarPark, Suite 1220	
2.4 CITY-ST-ZIP	Houston, TX 77042	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stephen Sweet	
3.3 STREET ADDRESS	2925 Briarpark, Suite 1220	
3.4 CITY-ST-ZIP	Houston, TX 77042	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kevin Wisdom	
4.3 STREET ADDRESS	222 W. Las Colinas Blvd, Suite 350	
4.4 CITY-ST-ZIP	Irving, TX 75039	
5.1 TITLE	D and D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David M. Holland and Lawrence E. Martin	
5.3 STREET ADDRESS	2859 Paces Ferry Suite 1450	
5.4 CITY-ST-ZIP	Atlanta, GA 30339	
6.1 TITLE	D and D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John W. McIntyre and Peter O. Lineman	
6.3 STREET ADDRESS	2859 Paces Ferry Rd. Suite 1450	
6.4 CITY-ST-ZIP	Atlanta, GA 30339	

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marcus E. Cobb
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-97

770-434-5553

Date

Daytime Phone #

CR2E034 (9/96)