

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90060 021 ***150.00

DOCUMENT # F96000005185

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1996

4. FEI Number

76-0423105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COBD	<input type="checkbox"/> DELETE
NAME	BROMLEY, MARCUS E	
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	CLARK, C J	
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	RAINOSEK, DENNIS E	
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	SEVERT, DAWN H	
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	RIPPEL, JOHN T	
STREET ADDRESS	2925 BRIARPARK, SUITE 1220	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE	VTSC	<input type="checkbox"/> DELETE
NAME	BANKS, MARVIN R JR	
STREET ADDRESS	2859 PACES FERRY ROAD	
CITY-ST-ZIP	ATLANTA GA 30339	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99

(770) 436-4600

CR2E034 (11/98)

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