2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000005185

1. Entity Name
GABLES GP, INC.

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

DO NOT WRITE IN THIS SPACE

04252004 No Chg-P CR2E034 (10/03)

4. FEI Number
76-0423105

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BASTUBA, JONI
777 YAMATO RD., STE. 510
BOCA RATON, FL 33431

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 printed.)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000152492
05/04/04-80088-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHEELER, CHRIS
STREET ADDRESS	777 YAMATO ROAD, SUITE 510
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VP
NAME	TEWELL, ASHLEY I
STREET ADDRESS	2859 PACES FERRY RD STE 1450
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	VAS
NAME	RAINOSEK, DENNIS E
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	VPAS
NAME	SEVERT, DAWN H
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	COO
NAME	HEFLEY, MICHAEL M
STREET ADDRESS	777 YAMATO ROAD SUITE 510
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VTSC
NAME	BANKS, MARVIN R JR
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450
CITY-ST-ZIP	ATLANTA, GA 30339

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12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ashley I. Tewell Ashley I. Tewell 4/27/04 770-436-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #