2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005185

Entity Name: GABLES GP, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
2859 PACES FERRY ROAD, SUITE 1450 ATLANTA, GA 30339					
Current Mailing Address:			New Mailing Address:		
2859 PACES FERRY ROAD, SUITE 1450 ATLANTA, GA 30339					
FEI Number:	76-0423105	FEI Number Applied For () FEI Nu	mber Not Appli	licable () Certificate of Status Desired ()	
Name and	Address of Co	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	JONI FO RD., STE. 5 FON, FL 33431				
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:					
	Electroni	c Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADDITI				NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () I FITCH, DAVID 777 YAMATO RO BOCA RATON, F		Title: Name: Address: City-St-Zip:	PD (X) Change () Addition FITCH, DAVID 2859 PACES FERRY ROAD, SUITE 1450 ATLANTA, GA 30339	
Title: Name: Address: City-St-Zip:	TEWELL, ASHLE	RRY RD STE 1450	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RAINOSEK, DÉN	RRY ROAD, SUITE 1450	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEVERT, DAWN	RRY ROAD, SUITE 1450	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ANSEL, SUSAN I	RRY ROAD, SUITE 1450	Title: Name: Address: City-St-Zip:	SVP (X) Change () Addition ANSEL, SUSAN M 2859 PACES FERRY ROAD, SUITE 1450 ATLANTA, GA 30339	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition CORDES, STEPHEN 230 PARK AVE., 12TH FLOOR NEW YORK, NY 10169	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHLEY I. TEWELL VP 04/27/2007