2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# F96000005185

Entity Name: GABLES GP, INC.

Current Principal Place of Business:

2859 PACES FERRY ROAD, SUITE 1450
ATLANTA, GA 30339

New Principal Place of Business:

Current Mailing Address:

2859 PACES FERRY ROAD, SUITE 1450
ATLANTA, GA 30339

New Mailing Address:

FEI Number: 76-0423105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SULLIVAN, CRISTINA F
777 YAMATO RD., STE. 510
BOCA RATON, FL 33431 US

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: CRISTINA F. SULLIVAN 04/23/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FITCH, DAVID
Address: 2859 PACES FERRY ROAD, SUITE 1450
City-St-Zip: ATLANTA, GA 30339

Title: VP ( ) Delete
Name: TEWELL, ASHLEY I
Address: 2859 PACES FERRY RD STE 1450
City-St-Zip: ATLANTA, GA 30339

Title: VAS ( ) Delete
Name: RAINOSEK, DENNIS E
Address: 2859 PACES FERRY ROAD, SUITE 1450
City-St-Zip: ATLANTA, GA 30339

Title: SVP ( ) Delete
Name: SEVERT, DAWN H
Address: 2859 PACES FERRY ROAD, SUITE 1450
City-St-Zip: ATLANTA, GA 30339

Title: SVP ( ) Delete
Name: ANSEL, SUSAN M
Address: 2859 PACES FERRY ROAD, SUITE 1450
City-St-Zip: ATLANTA, GA 30339

Title: D ( ) Delete
Name: CORDES, STEPHEN
Address: 230 PARK AVE., 12TH FLOOR
City-St-Zip: NEW YORK, NY 10169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DEBRA A. O'SULLIVAN PARA 04/23/2008
Electronic Signature of Signing Officer or Director Date