

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000005903

1. Entity Name
DCB GABLES, L.C.



Principal Place of Business
110 NORTHWEST 2ND AVENUE
GAINESVILLE, FL 32601

Mailing Address
110 NORTHWEST 2ND AVENUE
GAINESVILLE, FL 32601



01032005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3649368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EMERSON, WILLIAM J
110 NORTHWEST 2ND AVENUE
GAINESVILLE, FL 32601

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EMERSON, DON M JR
110 NORTHWEST 2ND AVENUE
GAINESVILLE, FL 32601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EMERSON, CHARLES P
110 NORTHWEST 2ND AVENUE
GAINESVILLE, FL 32601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EMERSON, WILLIAM J
110 NORTHWEST 2ND AVENUE
GAINESVILLE, FL 32601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000177480
01/11/05-80043-022 50.00

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William Emerson

1-11-2005

352-377-5645