


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000005903</b>	
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
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**DO NOT WRITE IN THIS SPACE**



02282006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number 59-3649368	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  EMERSON, WILLIAM J 110 NORTHWEST 2ND AVENUE GAINESVILLE, FL 32601
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2006**

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
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U00000459540  
03/18/06-80038-004 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

<b>SIGNATURE:</b>  William Emerson	Date: 2-28-2006	Daytime Phone #: 352-372-5645
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #