


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000006458
 1. Entity Name
 GAMBLE PROPERTIES, L.L.C.



Principal Place of Business Mailing Address
 2101 CANTU COURT 2101 CANTU COURT
 SARASOTA, FL 34232 SARASOTA, FL 34232

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03192007No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1100746	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DOERR, KENNETH D
 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR
 SARASOTA, FL 34236

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN, GAMBLE 2101 CANTU CT SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAM, GAMBLE J IV 2101 CANTU CT SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAREN, GAMBLE L 2101 CANTU CT SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMIE, HILTBRAND M 2101 CANTU CT SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/03/07-80022-009 55.00

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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 608, Florida Statutes.

SIGNATURE: *John Gamble* 3/19/07 407-333-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #