2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) DÖCÜMENT # L01000022148



FILED Feb 11, 2004 8:00 am Secretary of State 02-11-2004 90210 040 ****50.00

| 1. Entity Nam | ė . | • | | a a | U. | 2-11-2004 9021 | 0 040 **** | ~50.00 | |
|---|--|---|---|--|---------------------------------------|--|--|----------------------------|---------------------------------------|
| GABLES ' | VIEW APARTMENTS, L.L.C. | • | | | | | | | |
| Principal Plac | e of Business | Mailing Address | | | | | | | |
| 4535 PONCE DE LEON BLVD. | | 4535 PONCE DE LEON BLVD. | | | | | <i>640</i> | TAATA | ١ |
| CORAL GAI | BLES FL 33134 | CORAL GABLES FL 33 | 134 | i | } } | #11#11 #14 \$54\$! AF#4 \$5111 ##1 |) | KEMA MEM MARA LU | (EE) (1) (21) |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | MOORE | CR2E083 | 3 (11/03) | |
| City & State | | City & State | | | 4. FEI Numi | 05-052 | 7557 | | pplied For ot Applicable |
| Zip | Country | Zip | Country | | 5. Certificat | e of Status Desired | | \$5.00 Add Fee Required | |
| | 6. Name and Address of Current I | Registered Agent | | | 7. Name an | d Address of New | Registered A | igent | |
| رايا الرباري بالرايات ويستنف فللملاء فيصيبهما والمشتهمية المتاب المتابعة والمتابعة والمتابعة | | | | dron | -Carlo | S-EEso | False or extra de | | |
| PADRON, CARLOS E | | | Padron, -Garlos E.,- Street Address (P.O. Box Number is Not Ac | | | | | | _ |
| | 0 SALZEDO STRE ET FE-30 0 | | | | Padron & Diaz, P.A. | | | | |
| ÇOI | RAL GABLES FL 33134 | | | | bra Pl | aza, Suit | e 860 | | Ì |
| | \wedge \wedge | | City | ral G | ahles | | FL | Zip Code | |
| 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 Signalure, typed comitted name bl regislered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| FILE NOW!!! FEE IS \$50.00 | | | | | | | | | |
| | | e to Florida I By May 1, 2 | Departme | nt of State | | | | | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10, | A STATE OF THE STA | E. C. S.S. S. S. P. P. P. S. S. S. S. | ADDITIONS | /CHANGES | | · · · · · · · · · · · · · · · · · · · |
| TITLE | MGRM | ☐ Delete | TITLE | | - · · · - | | | ☐ Change | ☐ Addition |
| NAME STORET LEGEROS | HERNANDEZ, HARVEY | • | NAME | | | | | | : |
| STREET ADDRESS CITY-ST-ZIP | 4535 PONCE DE LEON BLVD. CORAL GABLES FL 33134 | 1 | STREET ADDRE | SS | | | | | I |
| TITLE | MGRM | ☐ Delete | TITLE | | | | | ☐ Change | Addition |
| NAME | SUGUIL, L.C. | Uelete | NAME | İ | | | | L. Change | Audmon |
| STREET ADDRESS | 15200 BISCAYNE BOULEVARD | V. | STREET ADDRE | ss | | | | | |
| CITY-ST-ZIP | NORTH MIAMI FL 33160 | | CITY - ST - ZIP | _ | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | Change | Addition |
| NAME | - 11 - | ر بعضدة فينمت والسلامة | NAME . | | | The same of the sa | ···· · · · · | ب _ب ب جنب م | . = (* = |
| STREET ADDRESS CITY-ST-ZIP | | 1 | STREET ADDRE | SS | | | | | |
| TITLE | | <u>Поли</u> | | | | | | Change | ☐ Addition |
| NAME |] | ☐ Delete | TITLE NAME | 1 | | | | Grange | L_3 Audition |
| STREET ADDRESS |] | • | STREET ADDRE | ss | | | | | |
| CITY-\$T-ZIP | | ! | CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition |
| NAME OFFER LEDGES | | 1 | NAME | _ } | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | 1 | STREET ADDRE | SS | | | | | |
| | | - | + | | | | | [] (base) | [] Addition |
| TITLE NAME | ** | ☐ Delete | TITLE NAME | 1 | | | | ☐ Change | Addition |
| STREET ADDRESS | | \wedge | STREET ADDRE | ss | | | | | |
| CITY-ST-ZIP | | \mathcal{A} | CITY-ST-ZIP | 1 | | | | | |
| 11. I hereby certify that the information supplied with this Fing 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 rivy 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 true empowered the execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | |
| IIIOO III | inition but the transfer of the terms | . Substitution of the state of | operio an roquii | ou by Criap | Co. Coo, Clorida | a oluloto. | | | |