


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000022148</b> 1. Entity Name GABLES VIEW APARTMENTS, L.L.C.	
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Principal Place of Business 4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	Mailing Address 4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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02282007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 05-0527557	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PADRON, CARLOS E ESQ.  
VILA, PADRON & DIAZ, P.A.  
2 ALHAMBRIA PLAZA, SUITE 860  
CORAL GABLES, FL 33134

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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 HERNANDEZ, HARVEY 4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUGUIL, L.C. 15200 BISCAYNE BOULEVARD NORTH MIAMI, FL 33160
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U00000729410  
05/08/07-80033-012 50.00

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:**  **4-20-07 (305) 740-0819**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #