

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90105 013 ***138.75

DOCUMENT # L01000022148

1. Entity Name
GABLES VIEW APARTMENTS, L.L.C.



Principal Place of Business
4535 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Mailing Address
4535 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #

1790 Coral Way

3. Mailing Address

Suite, Apt. #, etc.

Suite # 101

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33145

Country

USA

Zip

Country

01242008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

05-0527557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HERNANDEZ, HARVEY
STREET ADDRESS 4535 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGRM ☐ Delete
NAME SUGUIL, L.C.
STREET ADDRESS 15200 BISCAYNE BOULEVARD
CITY-ST-ZIP NORTH MIAMI, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1790 Coral Way, Suite 101
CITY-ST-ZIP Miami, FL 33145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

2/22/08