

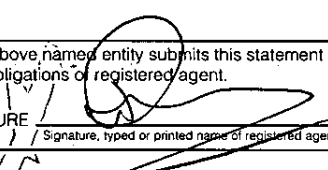
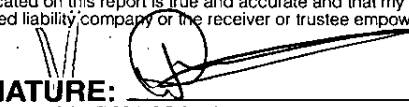


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90283 025 ****50.00

DOCUMENT # L02000022432					
1. Entity Name GABLES MARQUIS, L.L.C.					
Principal Place of Business 7025 BERACASA WAY, SUITE 107 BOCA RATON, FL 33433			Mailing Address 7025 BERACASA WAY, SUITE 107 BOCA RATON, FL 33433		
2. Principal Place of Business 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106		3. Mailing Address 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106			
City & State Boca Raton, FL		City & State Boca Raton, FL		04012004 Chg-LLC CR2E083 (10/03)	
Zip 33433		Country USA		4. FEI Number 54-2071438	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BERDUGO, ELIE 7025 BERACASA WAY, SUITE 107 BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name: Daniel A. Kaskel Street Address (P.O. Box Number is Not Acceptable): 7284 W. Palmetto Park Rd - Ste 108 City: Boca Raton FL Zip Code: 33433		
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>			DATE: 4-12-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGRM	NAME BEPDUGO, ELIE			<input type="checkbox"/> Delete	
STREET ADDRESS 7025 BERACASA WAY #107					
CITY-ST-ZIP BOCA RATON, FL 33433					
(Empty row for additional managing members)					
(Empty row for additional managing members)					
(Empty row for additional managing members)					
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11. I hereby certify that the information supplied with this filing 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 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: 			DATE: 4-12-04 561 395 6868		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					