

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Apr 14, 2006  
Secretary of State**

DOCUMENT# L02000026274

Entity Name: GABLES INVESTMENTS LLC

**Current Principal Place of Business:**

1340 ASTURIA AVE.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1340 ASTURIA AVE.  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 48-1285638      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HOLT, TERRY L  
1340 ASTURIA AVE.  
CORAL GABLES, FL 33134      US

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.

SIGNATURE: TERRY L HOLT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: HOLT, TERRY L  
Address: 1340 ASTURIA AVE.  
City-St-Zip: CORAL GABLES, FL 33134 MD

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: HOLT, PATRICIA A  
Address: 1340 ASTURIA AVE  
City-St-Zip: CORAL GABLES, FL 33134 MD

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TERRY L HOLT

MGRM

04/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date