

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026274

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**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 ( )

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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

03/19/2009

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