

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010636

FILED
Feb 24, 2004
Secretary of State

Entity Name: LITTLE GABLES DEVELOPMENT LLC

Current Principal Place of Business:

1410 20TH STREET
SUITE #215
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1410 20TH STREET
SUITE #215
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 75-3110123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENCORE EQUITY HOLDINGS, INC.
1410 20TH STREET
SUITE #215
MIAMI BEACH, FL 33139 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/MEMBERS:

Title: MGRM () Delete
Name: BENCORE EQUITY HOLDI, NGS, INC
Address: 1410 20TH STREET
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: NAN LON, INC.,
Address: 840 N.E. 182ND TERRACE
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: MGRM (X) Delete
Name: PITA, JUAN C
Address: 1410 20TH STREET
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

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

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 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 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: RICHARD ALBERTY

MGR

02/24/2004

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