

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000027518

**FILED**  
**Oct 31, 2008**  
**Secretary of State**

**Entity Name:** APARTMENTS AT THE GABLES, L.L.C.

**Current Principal Place of Business:**

301 MADEIRA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 141445  
CORAL GABLES, FL 33114

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

EVANS, LESLIE R  
214 BRAZILIAN AVENUE, SUITE 200  
PALM BEACH, FL 33480 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: EVANS LESLIE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: P ( ) Delete  
Name: COWLEY, M.E.  
Address: P.O. BOX 141445  
City-St-Zip: CORAL GABLES, FL 33114

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: COWLEY ME

P

10/31/2008

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