

004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90427 027 ****50.00

DOCUMENT # L03000031461					
1. Entity Name THE GABLE GROUP, LLC					
Principal Place of Business 2110 NORTH BOULEVARD TAMPA, FL 33602 US			Mailing Address 2110 NORTH BOULEVARD TAMPA, FL 33602 US		
2. Principal Place of Business P.O. Box 18945 Suite, Apt. #, etc. TAMPA, FL 33679		3. Mailing Address P.O. Box 18945 Suite, Apt. #, etc. TAMPA, FL 33679			
City & State		City & State		03122004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 74-3102219	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent THOMAS, LAURISE A 400 EL DESTINDAO DRIVE TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name: <u>FASSIL GABREMARIAM</u> Street Address (P.O. Box Number is Not Acceptable): <u>5016 GUNN HWY</u> <u>TAMPA, FL 33624</u> City: <u>FL</u> Zip Code: <u>33624</u>		
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: <u>[Signature]</u> DATE: <u>3/18/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR GABREMARIAM, FASSIL 4209 W. PLATT STREET TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 18945 TAMPA, FL 33679
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, LAURISE A 400 EL DESTINADO DRIVE TALLAHASSEE, FL 32314	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KONJIT GABREMARIAM TREASURER P.O. Box 18945, TAMPA, FL 33679
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u>				Date: <u>3/18/04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	