

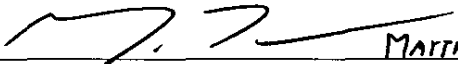


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90118 039 ****55.00

DOCUMENT # L03000041625 1. Entity Name NORTH GABLES PARTNERS I, LLC					
Principal Place of Business C/O MARTY WEISS 1640 S. SEPULVEDA BOULEVARD, #515 LOS ANGELES, CA 90026			Mailing Address C/O MARTY WEISS 1640 S. SEPULVEDA BOULEVARD, #515 LOS ANGELES, CA 90026		
2. Principal Place of Business 445 E. RIVO ALTA DR. Suite, Apt. #, etc.		3. Mailing Address 1640 S. SEPULVEDA BLVD. Suite, Apt. #, etc. SUITE 515		24062862 	
City & State MIAMI BEACH, FL		City & State LOS ANGELES, CA		4. FEI Number 20-0319450	
Zip 33139		Country USA		5. Certificate of Status Desired XX \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIFIRO, MATTHEW 445 EAST RIVO ALTO DRIVE MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 JAFFRAY, INC. 445 EAST RIVO ALTO DRIVE MIAMI BEACH, FL 33139		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> 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:  MATTHEW TRIFIRO 4/26/04 305/479-0682 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					