

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90031 019 ****50.00

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01182005No Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000041625
 1. Entity Name
 NORTH GABLES PARTNERS I, LLC



Principal Place of Business
 445 E. RIVO ALTA DR.
 MIAMI BEACH, FL 33139

Mailing Address
 1640 S. SEPULVEDA BOULEVARD, #515
 LOS ANGELES, CA 90025

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRIFIRO, MATTHEW
 445 EAST RIVO ALTO DRIVE
 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAFFRAY, INC. 445 EAST RIVO ALTO DRIVE MIAMI BEACH, FL 33139
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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: 4/28/05 305/534 2260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #