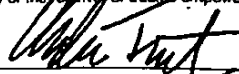


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-20-2005 90035 040 ****50.00

DOCUMENT # L03000041657			
1. Entity Name 1607 GABLES VENTURE, LLC			
Principal Place of Business 1624 MICANOPY AVE. COCONUT GROVE, FL 33133		Mailing Address 1624 MICANOPY AVE. COCONUT GROVE, FL 33133	
2. Principal Place of Business 6817 S.W. 81ST Terrace		3. Mailing Address	
State, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33146	Country	Zip	Country
4. Name and Address of Current Registered Agent SHEAR, DAVID 201 ALHAMBRA CIR, STE. 601 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 registering)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREISTER, CHARLES 1624 MICANOPY AVE. MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Shear, Gary 6817 S.W. 81 ST Terrace Miami, FL 33146 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  CHARLES TREISTER		Date: 4/22/05 35-858-2416	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

30006937



04152005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-2690346** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required