## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L04000022371

1. Entity Name

23442-403 GABLES, LLC



## FILED Apr 12, 2007 08:00 A Secretary of State

|   |                                   |   |                     |  |                | The state of the s |   |                                    |                   |                                       |            |
|---|-----------------------------------|---|---------------------|--|----------------|--|---|------------------------------------|-------------------|---------------------------------------|------------|
| Principal Place of Business  3860 N. POWERLINE ROAD, SUITE 200 POMPANO BEACH FL 33073 |                                   |   |                     | Mailing Address 3860 N. POWERLINE ROAD, SUITE 200 POMPANO BEACH FL 33073 |                |  |   |                                    |                   |                                       | 11 14 15 1 |
| 2. Principal Place of Business - No P.O. Box #  |                                   |   |                     | . Mailing Address  |                |  |   | 1881(8)) Bit 88((f &1811 áftil 88) |                   | 11 <b>888</b> 11111 1 <b>888</b> 1 47 |            |
| Suite, Apt #, otc.  |                                   |   |                     | Suite. Apt. #, etc   |                |  | -   | 1st MOORE                          | CR2E083           | (10/06)                               |            |
| City & Stato  |                                   |   |                     | City & Stato   |                | 4. FEI Nun   | 4. FEI Number 20-0901735 Applied For Not Applied by |                                    |                   | <del></del>                           |            |
| Zıp   | Country                           |   |                     | Zip  | Coun           | itry   | 5. Certifica  | Certificate of Status Desired      |                   |                                       | litional   |
| 6. Name and Address of Current Re   |                                   |   |                     | istered Agent  | 1              | 7. Name and Address of New Registered Agent  |   |                                    |                   |                                       |            |
| or traine and transfer of Adition tradition of tables                                 |                                   |   |                     |  |                | Namo   |   |                                    |                   |                                       |            |
| 330   | O UNIVE                           | REY B ESQ.<br>RSITY DRIVE, SUI          | TE 7                | 11   |                | Street Address (P.O. Box Number is Not Acceptable)   |   |                                    |                   |                                       |            |
| CORAL SPRINGS FL 33065  |                                   |   |                     |  |                | City   |   |                                    | <b>-</b>          | Zip Code                              | ,          |
|   |                                   |   |                     |  | ,              |  |   | FL                                 | .   2.0000        | 1                                     |            |
|   | named entit<br>ions of regis      | y submits this statement<br>terod agent | for the             | purpose of changing i  | ls rogister    | ed office or regis   | tered agent, or                                     | both, in the State of F            | orida I am I      | amiliar with,                         | and accept |
| SIGNATURE .   | Signature, typed                  | or printed name of registered age       | ni ana lit          | le if applicable (NC   | DTE: Registere | d Agent signature requ   | ited when reinstating)                              |                                    | DATE              |                                       |            |
|   |                                   |   | į                   | Make Check Paya  | ble to Flo     | FEE IS \$50.00<br>orida Departm<br>ay 1, 2007  |   |                                    |                   |                                       |            |
| 9.  |                                   | MANAGING MEME                           | BERS/               | MANAGERS   | 10,            | <u>' </u>  |   | ADDITIONS                          | /CHANGES          |                                       |            |
| THILL   | MGRM                              |   |                     | ☐ Delete   | 1010           | :  |   |                                    |                   | ☐ Change                              | Addition   |
| NAME  | PROVEST REAL ESTATE HOLDINGS, LLC |   |                     |  |                | 1  |   |                                    |                   | C Change                              |            |
| STREET ADDRESS  |                                   |   |                     | LLC  |                | ET ADDRESS   |   |                                    |                   |                                       |            |
| CHY-SI-ZIP  | POMPANO BÉACH FL 33073            |   |                     |  |                | -ST-7IP  |   |                                    |                   |                                       |            |
|   | POWEATER                          | J BEACH FE 33073                        |                     |  |                |  |   |                                    |                   | C) Channe                             | C Addition |
| TILLE.<br>NAME  |                                   |   |                     | ☐ Deleic   | TITU<br>NAM    | 1  |   | Unnanan                            | 10m1m             | Change                                | Addition   |
| SIRFET ADDRESS  |                                   |   |                     |  |                | ET ADDRESS   |   | U000007(<br>04/20/07-8             | 32313<br>3101-01: | o Մռ ՌՈ                               |            |
| CITY-ST-ZIP   |                                   |   |                     |  |                | -ST-7IP  |   | 04/20/01=0                         | Mor.of.           | £ 30.00                               |            |
| Illit.  |                                   |   |                     | ☐ Delete   |                | Г  |   |                                    |                   | Change                                | Addilion   |
| NAME.   |                                   |   |                     |  | • NAM          | E (  |   |                                    |                   |                                       |            |
| STREET ADDRESS  |                                   |   |                     |  |                | ET ADDRESS   |   |                                    |                   |                                       |            |
| CITY - ST- ZIP  |                                   |   |                     |  | Cily           | '-ST-ZIP   |   |                                    |                   |                                       |            |
| TITLE   |                                   |   |                     | ☐ Delete   | 11111          | E.   |   |                                    |                   | ☐ Change                              | Addition   |
| NAMi  |                                   |   |                     |  | NAM            |  |   |                                    |                   |                                       |            |
| STREET ADORESS  |                                   |   |                     |  |                | FLADORESS  |   |                                    |                   |                                       |            |
| CITY - ST - 71P   |                                   | · · · · · · · · · · · · · · · · · · ·   |                     |  | CHY            | '-ST-7IP   |   |                                    | <del></del>       |                                       |            |
| TISH!   |                                   |   |                     | ☐ Delete   | IIII           | i  |   |                                    |                   | Change                                | Addition   |
| NAME<br>CIDELL ADDRESS  |                                   |   |                     |  | NAM            |  |   |                                    |                   |                                       | į          |
| STREET ADDRESS<br>CITY-ST-7IP   |                                   |   |                     |  |                | TTADDRESS<br>'-ST-ZIP  |   |                                    |                   |                                       |            |
|   |                                   | <del> </del>                            |                     |  |                |  |   |                                    |                   | Change                                | ☐ Additor  |
| HILC.   |                                   |   |                     | ☐ Delete   | 1011           |  |   |                                    |                   | ☐ Change                              | Addition   |
| NAME<br>OTDEET ADDOLOG  |                                   |   |                     |  | NAM<br>emi     |  |   |                                    |                   |                                       |            |
| STREET AODRESS<br>CHY-ST-ZIP  |                                   |   |                     |  |                | IFT ADDRESS<br>'-ST-ZIP  |   |                                    |                   |                                       |            |
|   |                                   | - 1-1                                   | . 15 -1 *           | - 61   |                |  |   | 140 Flatid- Other                  | I foreste         | tile that it is                       |            |
| indicated   | ceruiy that th                    | ne information supplied v               | MILL (D)<br>and the | s illing does not qualify  | y ior (no e)   | xumpuons contai<br>me legal effect a   | mea in Section<br>is it made unde                   | i is, Fiorica Statutos.            | i further cer     | any inatine il<br>ober er mana        | normation  |

4-9-04

954-917-1998 Daylime Phone #

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VV VV SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE