

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90039 042 \*\*\*\*50.00

**DOCUMENT # L04000060534**

1. Entity Name  
**GABLES VIEW HOLDINGS, LLC**



Principal Place of Business  
**4535 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146**

Mailing Address  
**4535 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006

Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1636800**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PADRON, CARLOS E  
VILA, PADRON & DIAZ, P.A.  
2 ALHAMBRA PLAZA, SUITE 860  
CORAL GABLES, FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME **MGR Hanfling, Guillermo** ☐ Delete  
STREET ADDRESS **HERTLING, GUILLERMO**  
CITY - ST - ZIP **4535 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146**

TITLE  
NAME **MGR Guillermo Hanfling** ☐ Change ☒ Addition  
STREET ADDRESS **4535 Ponce de Leon Blvd.**  
CITY - ST - ZIP **Coral Gables FL 33146**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME **MGR Suzana Hanfling** ☐ Change ☒ Addition  
STREET ADDRESS **4535 Ponce de Leon Blvd**  
CITY - ST - ZIP **Coral Gables FL 33146**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

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

Date

Daytime Phone #

**4-18-06 (305) 740-0819**