


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

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
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04092007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1636800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANFLING, GUILLERMO 4535 PONCE DE LEON BLVD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANFLING, SUZANN 4535 PONCE DE LEON BLVD CORAL GABLES, FL 33148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/08/07-80033-001.50.00

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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: _____ DATE: 4-20-07 DAYTIME PHONE #: 305 740 0819

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