


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90246 019 ***138.75

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

60012832



2. Principal Place of Business - No P.O. Box #
 1790 Coral Way
 Suite, Apt. #, etc.
 Suite # 101
 City & State
 Miami, FL

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 33145
 Country
 USA

01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-1636800

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

Applied For
 Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANFLING, GUILLERMO 4535 PONCE DE LEON BLVD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1790 Coral Way, Suite 101 Miami, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANFLING, SUZANN 4535 PONCE DE LEON BLVD CORAL GABLES, FL 33148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1790 Coral Way, Suite 101 Miami, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #