

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065399

Entity Name: GABLES SUNVIEW, LLC

FILED
Mar 20, 2008
Secretary of State

Current Principal Place of Business:

2533 SW 19TH AVE, SUITE 300
COCONUT GROVE, FL 33133

New Principal Place of Business:

2533 SW 19 AVENUE
SUITE 400
COCONUT GROVE, FL 33133

Current Mailing Address:

P.O. BOX 347767
MIAMI, FL 33234

New Mailing Address:

2533 SW 19 AVENUE
SUITE 400
COCONUT GROVE, FL 33133

FEI Number: 13-4286942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLAR, PEDRO
323 NAVARRE AVE. UNIT 3108
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SILVIA, OVADIA
2533 SW 19 AVENUE
SUITE 400
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: SILVIA OVADIA

03/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VILLAR, PEDRO
Address: 323 NAVARRE AVE., SUITE 108
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VILLAR, PEDRO
Address: 2533 SW 19 AVENUE, SUITE 400
City-St-Zip: COCONUT GROVE, FL 33134

Title: MGR () Change (X) Addition
Name: ALBERT, OVADIA S
Address: 2533 SW 19 AVENUE, SUITE 400
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PEDRO VILLAR

MGR

03/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date