

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067391

FILED
May 01, 2008
Secretary of State

Entity Name: GC OF CORAL GABLES, LLC

Current Principal Place of Business:

14600 S.W. 136TH STREET
MIAMI, FL 33186

New Principal Place of Business:

13195 SW 134 ST
SUITE A-1
MIAMI, FL 33186

Current Mailing Address:

14600 S.W. 136TH STREET
MIAMI, FL 33186

New Mailing Address:

13195 SW 134 ST
SUITE A-1
MIAMI, FL 33186

FEI Number: 20-1629535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRIS, ELLIOTT
111 SW 3RD STREET, 6TH FLOOR
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MGC/MIL, LLC,
Address: 14600 SW 136 STREET
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: GABLES OFFICES, LLC,
Address: 14600 SW 136 STREET
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MGC/MIL, LLC,
Address: 13195 SW 134 ST
City-St-Zip: MIAMI, FL 33186

Title: MGRM (X) Change () Addition
Name: GABLES OFFICES, LLC,
Address: 13195 SW 134 ST
City-St-Zip: MIAMI, FL 33186

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: LOURDES GARCIA

MANA

05/01/2008

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