2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L04000067391

Entity Name: GC OF CORAL GABLES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

5979 SW 56 ST
MIAMI, FL 33155

Current Mailing Address:

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

New Mailing Address:

5979 SW 56 ST
MIAMI, FL 33155

FEI Number: 20-1629535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:

GARCIA, LOURDES
5979 SW 56 ST
MIAMI, FL 33155 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: LOURDES GARCIA 03/26/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MGC/MIL, LLC,
Address: 5979 SW 56 ST
City-St-Zip: MIAMI, FL 33155

Title: MGRM (X) Change ( ) Addition
Name: GABLES OFFICES, LLC,
Address: 5979 SW 56 ST
City-St-Zip: MIAMI, FL 33155

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 MGRM 03/26/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date