


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90051 012 ****55.00

DOCUMENT # L04000077744			
1. Entity Name GABLES INVESTMENT MANAGEMENT, LLC			
Principal Place of Business 2000 PONCE DE LEON BOULEVARD 6TH FLOOR CORAL GABLES, FL 33134 US		Mailing Address 2000 PONCE DE LEON BOULEVARD 6TH FLOOR CORAL GABLES, FL 33134 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1849492		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		01122005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLORIDA INCORPORATOR 2730 WHITE SANDS DRIVE SUITE 3-A SARASOTA, FL 34231		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 re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM LMRAN DEMIRORS 6310 SAN VICENTE ST. CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM MEI-LING G. WONG-DEMIORS 6310 SAN VICENTE ST. CORAL GABLES, FL 33146	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>LMRAN DEMIRORS</i>		LMRAN DEMIRORS 4/15/2005 305-421-6338	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #