

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077744

**FILED**  
**Apr 18, 2006**  
**Secretary of State**

**Entity Name:** GABLES INVESTMENT MANAGEMENT, LLC

**Current Principal Place of Business:**

2000 PONCE DE LEON BOULEVARD  
6TH FLOOR  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2000 PONCE DE LEON BOULEVARD  
6TH FLOOR  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 20-1849492      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

FLORIDA INCORPORATOR  
2730 WHITE SANDS DRIVE  
SUITE 3-A  
SARASOTA, FL 34231 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: UMRAN, DEMIRORS  
Address: 6310 SAN VICENTE ST  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM ( ) Delete  
Name: WONG-DEMIRORS, MEI-LING G  
Address: 6310 SAN VICENTE ST  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: UMRAN DEMIRORS

MGRM

04/18/2006

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