

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90103 037 ****50.00

DOCUMENT # L04000093714



1. Entity Name
GABLES CLUB MARINA, LLC

Principal Place of Business: 5901 S.W. 74TH STREET, SUITE 205 SOUTH MIAMI, FL 33143
 Mailing Address: 5901 S.W. 74TH STREET, SUITE 205 SOUTH MIAMI, FL 33143

20011733



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

02102005 Chg-LLC CR2E083 (10/03)

4. FEI Number: **20-2065417**
 Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: **KOENIGSBERG, JAY ESQ ISICOFF RAGATZ & KOENIGSBERG, P.A. 1101 BRICKELL AVENUE, STE 800-SOUTH MIAMI, FL 33131**

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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 reinstating) 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	
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MGRM STEVEN BROWN 5901 S.W. 74 ST #205 MIAMI FL 33143

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: _____ Date: **2/10/05** (305) 665-8885 Daytime Phone #