

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90377 001 ***300.00

DOCUMENT # L05000067824

1. Entity Name
GABLES & PALMS REAL ESTATE, LLC



Principal Place of Business
 215 SIGNAL LANE
 PORT ST. JOE, FL 32456

Mailing Address
 215 SIGNAL LANE
 PORT ST. JOE, FL 32456

30007462



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1534 Hwy 71 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252007 Chg-LLC CR2E083 (12/06)

City & State

City & State

We wnh. rchkn, 21

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip

Country

32465

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASOTA, STEVEN M
 220 MCKENZIE AVENUE
 PANAMA CITY, FL 32401

Name
John Webb

Street Address (P.O. Box Number is Not Acceptable)

1534 Hwy 71 South

City
We wnh. rchkn

FL

Zip Code
32465

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELLER, MIKE 24 WEST CENTRAL ENTRANCE DULUTH, MN 558113434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #