2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED **DOCUMENT # L05000121018** 1. Entity Name FIRST GABLES LLC 06 MAY 11 PH 1: 26 Principal Place of Business Mailing Address 2665 SOUTH BAYSHORE DRIVE 2665 SOUTH BAYSHORE DRIVE SUITE 703 SUITE 703 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03202006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number 20-3971051 Applied For Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WORLD CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DRIVE **SUITE 703** MIAMI, FL 33133 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR TITLE ☐ Delete TITLE ☐ Addition RICHARDS, TIMOTHY D NAME NAME STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, STE. 703 STREET ADDRESS MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 3/21/06 (305) 858-9900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

Date