


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000121018 1. Entity Name FIRST GABLES LLC						FILED 07 MAY 25 PM 1:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133				Mailing Address 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133							
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country					
6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>							
4. FEI Number 20-3971051								Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required								04092007 Chg-LLC CR2E083 (12/06)			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State				DATE _____			
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						TITLE NAME STREET ADDRESS CITY-ST-ZIP					
MGR RICHARDS, TIMOTHY D <input type="checkbox"/> Delete 2665 SOUTH BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133						<div style="text-align: center;"> 400103894494 06/05/07--01015--001 **700.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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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: <u>Timothy D. Richards</u> 4/9/07 (305) 858-9900											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE											