2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000031669

Entity Name: GABLE BUILDERS LLC

Current Principal Place of Business:

2185 FULLERS CROSS ROAD
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2185 FULLERS CROSS ROAD
OCOEE, FL 34761

New Mailing Address:

FEI Number: 26-2346254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAM N. ASMA, P.A.
884 S. DILLARD STREET
WINTER GARDEN, FL 34787 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: MGR ( ) Delete
Name: GABLE, A. CLARK
Address: 2185 FULLERS CROSS ROAD
City-St-Zip: OCOEE, FL 34761

Title: MGR ( ) Delete
Name: GABLE, RICHARD C
Address: 12350 HANCOCK ROAD
City-St-Zip: CLERMONT, FL 34711

Title: MGR ( ) Delete
Name: GABLE, JEFFREY A
Address: 312 BAY STREET
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES:

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

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 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: A. CLARK GABLE MGR 04/29/2009

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