

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 01, 2010
Secretary of State

Entity Name: GABLES 712, LLC

Current Principal Place of Business:

CARMEN FERNANDEZ DE DIAZ
C/O ROSENBAUM 755 41ST STREET
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

CARMEN FERNANDEZ DE DIAZ
C/O ROSENBAUM 755 W 41ST STREET
MIAMI BEACH, FL 33140 US

Current Mailing Address:

CARMEN FERNANDEZ DE DIAZ
C/O ROSENBAUM 755 41ST STREET
MIAMI BEACH, FL 33140 US

New Mailing Address:

CARMEN FERNANDEZ DE DIAZ
C/O ROSENBAUM 755 W 41ST STREET
MIAMI BEACH, FL 33140 US

FEI Number: 27-0774346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C/O ROSENBAUM INTERNATIONAL LAW FIRM, P.A.
755 41ST STREET
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

C/O ROSENBAUM INTERNATIONAL LAW FIRM, P.A.
755 W 41ST STREET
MIAMI BEACH, FL 33140 US

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: MICHAEL ROSENBAUM ESQ

04/01/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: FERNANDEZ DE DIAZ, CARMEN
Address: C/O ROSENBAUM 755 W 41ST STREET
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGR
Name: DIAZ GONZALEZ, ANTONIO J
Address: C/O ROSENBAUM 755 W 41ST STREET
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGR
Name: DIAZ FERNANDEZ, ANTONIO J
Address: C/O ROSENBAUM 755 W 41ST STREET
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby 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: CARMEN FERNANDEZ DE DIAZ

MGR

04/01/2010

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