

**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

1997 APR 21 AM 10:17

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**\$ 203.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L96000000553**  
GABLES ARCHITECTURAL PARTNERSHIP, LIMITED COMPANY  
~~999 S. BAYSHORE DRIVE~~  
~~TOWER 1, NO. 705~~  
~~MIAMI FL 33131~~

1a. Principal Place of Business Address  
Brickell Bay Drive  
~~999 S. BAYSHORE DRIVE~~  
TOWER 1, NO. 705  
MIAMI FL 33131

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business  
~~999 S. BAYSHORE DRIVE~~  
Suite, Apt. #, etc.  
~~TOWER 1, SUITE 705~~  
City & State  
~~MIAMI FL~~  
Zip  
~~33131~~

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Date Organized or Qualified 05/16/1996  
3a. State of Formation FL  
4. FEI Number 05-0674832  
 Applied For  
 Not Applicable  
5. Date of Last Report  
6. Certificate of Status Desired  
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
KORBIN, DAVID A  
8900 S.W. 107TH AVE.  
NO. 207  
MIAMI FL 33176

8. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
4000002155304-1  
Suite, Apt. #, etc.  
-04/25/97-01074-017  
\*\*\*203.75 \*\*\*203.75  
City  
Zip Code  
**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SANTIAGO, GEORGINA	<del>999 S. BAYSHORE DR. TOWER</del> MIAMI FL Brickell Bay Drive, No. 705, MIAMI FL	
MGR	DIEGO, TOMAS	<del>999 S. BAYSHORE DR. TOWER</del> MIAMI FL Brickell Bay Drive, No. 705, MIAMI, FL	
MGR	<del>POBOAS, ROBERTO</del> TABOAS, ROBERTO	<del>999 S. BAYSHORE DR. TOWER</del> MIAMI FL Brickell Bay Drive, No. 705, MIAMI, FL	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** [Signature] **MANAGER** 4/15/97 358.5289  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

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4/22/97