

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

98 MAY -6 AM 11:36

<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000553</b> <b>GABLES ARCHITECTURAL PARTNERSHIP, LIMITED COMPANY</b> <del>999 BRICKELL BAY DRIVE</del> <del>TOWER 1, SUITE 705</del> <del>MIAMI FL 33131</del>
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1a. Principal Place of Business Address 999 BRICKELL BAY DRIVE TOWER 1, SUITE 705 MIAMI FL 33131
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2. Principal Place of Business Suite, Apt. #, etc. 2180 S.W. 12 AVE	2a. Mailing Address Suite, Apt. #, etc. 2180 S.W. 12 AVE
City & State MIAMI FL	City & State MIAMI FL 33129
Zip 33129	Country

3. Date Organized or Qualified 05/16/1996	3a. State of Formation FL
4. FEI Number 65-0674832	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/21/1997	6. Certificate of Status Desired <input type="checkbox"/> SB 79 Additional Fee Required

7. Name and Address of Current Registered Agent KORBIN, DAVID A 8900 S.W. 107TH AVE. NO. 207 MIAMI FL 33176
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SANTIAGO, GEORGINA	2180 S.W. 12 AVE <del>999 BRICKELL BAY DRIVE., #</del>	MIAMI FL 33129
<del>MGR</del>	<del>DIEGO, TOMAS</del>	<del>999 BRICKELL BAY DRIVE., #</del>	<del>MIAMI FL</del>
MGR	TABOAS, ROBERTO	999 BRICKELL BAY DRIVE., # 2180 S.W. 12 AVE.	MIAMI FL 33129

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 \*\*\*\*188.75 \*\*\*\*188.75

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:  Managing Member 4/29/98  
 (305) 860-0046  
 Date Daytime Phone #