

BEINS STATE
L99000005463

DOCUMENT # L99000005463

1. Entity Name
GABLES VENTURES, L.L.C.

FILED
03 APR 28 AM 8:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJJM



Principal Place of Business
3282 RIVIERA DR
CORAL GABLES FL 33134

Mailing Address
3282 RIVIERA DR
CORAL GABLES FL 33134

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4/28 DO NOT WRITE IN THIS SPACE
2002-2003

4. FEI Number 65-0952786 Applied For Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
~~POZO DIAZ, MARTHA~~
~~8000 WEST FLAGLER STREET, STE 203~~
~~MIAMI FL 33144~~

7. Name and Address of New Registered Agent
Name MARCIA MENDIOLA
Street Address (R.O. Box Number is Not Acceptable) 3282 RIVIERA DR
City Coral Gables FL Zip Code 33134

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 MARCIA MENDIOLA Marcia Mendiola DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002
Jan - May - Fee 137.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACEVEDO, ARMANDO 2655 LEJEUNE RD, STE 1110 CORAL GABLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPINESA, MIGUEL JR. 2655 LE JEUNE RD CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDIOLA, MARCIA 3282 RIVIERA DRIVE CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400015552064 04/03/03--01038--013 **155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400015552064 04/03/03--01038--014 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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: Mendiola 3/31/03 305-445-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #