2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# M03000003886

Entity Name: GABLE & MACKEY, LLC

Current Principal Place of Business:

3322 OAK ST
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 380085
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 20-0278071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHILLIPS, PAULA M
3322 OAK STREET
JACKSONVILLE, FL 32205 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:	PRES	( ) Delete
Name:	GABLE, MONICA L	
Address:	3322 OAK STREET	
City-St-Zip:	JACKSONVILLE, FL 32205	
Title:	VP	( ) Delete
Name:	PHILLIPS, PAULA M	
Address:	3322 OAK STREET	
City-St-Zip:	JACKSONVILLE, FL 32205	
Title:	MGRM	( ) Delete
Name:	ROSSI, RICHARD S	
Address:	3322 OAK ST	
City-St-Zip:	JACKSONVILLE, FL 32205	

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: PAULA M PHILLIPS VP 01/30/2009

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