

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Oct 03, 2006  
Secretary of State**

DOCUMENT# M04000004451

Entity Name: GABLES BEACH TOWER LLC

**Current Principal Place of Business:**

C/O TERRANOVA CORPORATION  
801 ARTHUR GODFREY ROAD, SUITE 600  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TERRANOVA CORPORATION  
801 ARTHUR GODFREY ROAD, SUITE 600  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 20-1776779      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEVENDORF, DANA  
801 AUTHUR GODFREY RD, STE 600  
MIAMI BEACH, FL 33140    US

**Name and Address of New Registered Agent:**

DEVENDORF, DANA  
801 ARTHUR GODFREY RD, STE 600  
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: \_\_\_\_\_ 10/03/2006  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TERRANOVA CORPORATIO N  
Address: 801 ARTHUR GODFREY ROAD, SUITE 600  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GABLES BEACH, LTD.,  
Address: C/O TERRANOVA 801 ARTHUR GODFREY RD, #600  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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: DANA DEVENDORF,      RA      10/03/2006  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date