


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000003221**

1. Entity Name  
**GABLES CENTRE, LLC**



Principal Place of Business  
**866 RIDGEWAY LOOP ROAD, #150  
 MEMPHIS, TN 38120**

Mailing Address  
**866 RIDGEWAY LOOP ROAD, #150  
 MEMPHIS, TN 38120**

**DO NOT WRITE IN THIS SPACE**



07192006No Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-2971726**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
 Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PROSTERMAN, GARY 866 RIDGEWAY LOOP ROAD, #150 MEMPHIS, TN 38120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTLER, CLARK 3625 CUMBERLAND BLVD., #400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCEWAN, DAN 866 RIDGEWAY LOOP ROAD, #150 MEMPHIS, TN 38120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000573365  
 08/04/06-80005-009 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_ **7-19-06** **901-747-3946**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #