

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 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**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2971726	Applied For Not Applicable
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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

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
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**DO NOT WRITE
 IN THIS SPACE**

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:

Gary Prosterman

Gary Prosterman

1-17-07

901-747-3946

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #