


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M05000003730

1. Entity Name
GABLES HOTEL OPERATIONS, LLC



Principal Place of Business 866 RIDGEWAY LOOP ROAD, SUITE 150 MEMPHIS, TN 38120	Mailing Address 866 RIDGEWAY LOOP ROAD, SUITE 150 MEMPHIS, TN 38120
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DO NOT WRITE IN THIS SPACE



07192006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3101831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

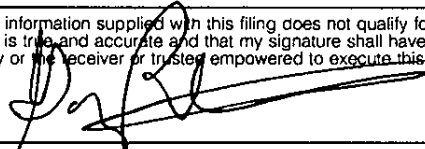
**Filing Fee is \$50.00
 Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PROSTERMAN, GARY 866 RIDGEWAY LOOP ROAD, SUITE 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	

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 08/04/06-80005-006 50.00

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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 #