

N03000010242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

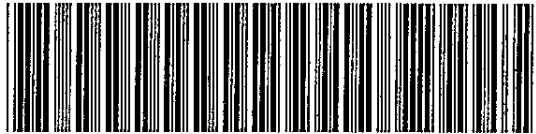
(Business Entity Name)

(Document Number)

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OF COUNSEL

H. HUGH McCONNELL, P.A.

August 25, 2004

VIA FEDERAL EXPRESS
Division of Corporations
Amendment Section
409 E. Gaines Street
Tallahassee, FL 32399

RE: GABLES VIEW CONDOMINIUM ASSOCIATION, INC. ("Association")

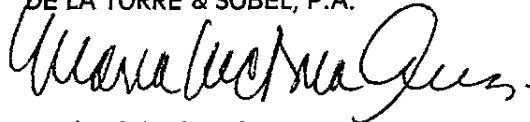
To Whom it May Concern:

The undersigned law firm represents Gables View Condominium Association, Inc. ("Association"). Enclosed herewith are the original and a copy of the Statement of Change of Registered Office or Registered Agent or Both for Corporations ("Statement") and a check in the sum of Thirty-Five and No/100 Dollars (\$35.00). Please date stamp the copy and return to the undersigned in the enclosed self-addressed stamp envelope.

Should you require anything further, please do not hesitate to contact my office.

Very truly yours,

SIEGFRIED, RIVERA, LERNER,
DE LA TORRE & SOBEL, P.A.



Maria Victoria Arias

MVA/bly
Enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

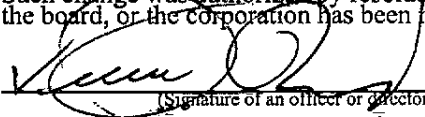
- 1. The name of the corporation: GABLES VIEW CONDOMINIUM ASSOCIATION, INC.
- 2. The principal office address: 4535 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 11/21/2003 Document number: N03000010242
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

STEVEN P. LEE
4535 PONCE DE LEON BOUENVARD
CORAL GABLES, FL 33134

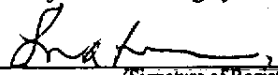
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- SKRLD, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
(P.O. Box or personal mailbox NOT acceptable)
CORAL GABLES, FL 33134

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 (Signature of an officer or director) Luan Robinson (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 (Signature of Registered Agent) 8/25/04 (Date)

If signing on behalf of an entity:

LISA LERNER (Typed or Printed Name) SECRETARY (Capacity)