

**2001 UNIFORM BUSINESS REPORT (U.B.R.)**

PAPER 1042  
**COPY**

**DOCUMENT # P00000047861**

1. Entity Name  
**GABLES SQUARE HOLDINGS, INC.**

**FILED**

01 JUL 10 PM 2:49

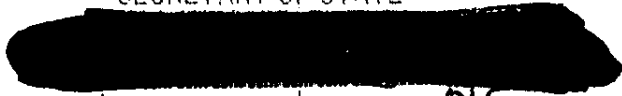
SECRETARY OF STATE

Principal Place of Business  
**2800 DOUGLAS ROAD #204  
CORAL GABLES FL 33134**

Mailing Address  
**2800 DOUGLAS ROAD #204  
CORAL GABLES FL 33134**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



DO NOT WRITE IN THIS SPACE  
03/27/01 90057  
4. FEI Number  
**65-1005357**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
Name  
**JUAN LOUMIET - GREENBERG TRAURIG**  
Street Address (P.O. Box Number is Not Acceptable)  
**1221 BRICKELL AVENUE**  
City **MIAMI** FL Zip Code **33131**

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.  
SIGNATURE Juan Loumiet DATE 3/6/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>X. FRANCISCO ROSALES</b> <b>2800 DOUGLAS ROAD #204</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>ROSALES, X. FRANCISCO</b> <b>2600 DOUGLAS ROAD, SUITE 204</b> <b>CORAL GABLES, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>LEVITT, STEVEN T.</b> <b>2600 DOUGLAS ROAD, SUITE 204</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X. Francisco Rosales DATE: 2/28/01 (305)444-1620  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Trammell Crow Company

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July 9, 2001

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Gables Square Holding, Inc.  
Document # P00000047861

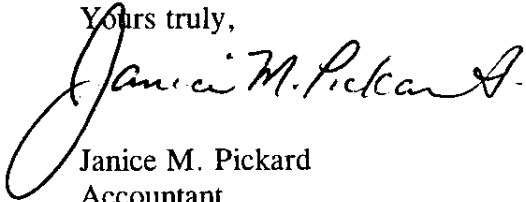
Dear Division of Corporations:

Please find enclosed a revised 2001 Uniform Business Report for Gables Square Holdings, Inc. Your department informed me, that our original report that was received on March 28, 2001 did not have our FEI number on it. Due to that error, the paperwork was not processed but our check was deposited.

Please waive the late fee since we did file on time.

If you need any additional information, I can be reached at 305-444-1620.

Yours truly,

  
Janice M. Pickard  
Accountant