2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043881

Entity Name: GABLES WATERWAY COMPANY

FILED Jan 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
--	--------------------------------------	---------------------------------

2 SOUTH BISCAYNE BLVD STE 2300 ONE BISCAYNE TOWER

SUITE 1390

MIAMI, FL 33131

1390 SOUTH DIXIE HWY. CORAL GABLES, FL 33146

Current Mailing Address:

2 SOUTH BISCAYNE BLVD STE 2300 ONE BISCAYNE TOWER MIAMI, FL 33131

1390 SOUTH DIXIE HWY **SUITE 1390**

New Mailing Address:

CORAL GABLES, FL 33146

FEI Number: 73-1664194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MALTZMAN, JEFFREY B 2 SOUTH BISCAYNE BLVD STE 2300 ONE BISCAYNE TOWER MIAMI, FL 33131

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete

MALTZMAN, JEFFREY B Name:

2 SOUTH BISCAYNE BLVD STE 2300 Address:

City-St-Zip: MIAMI, FL 33131

() Delete Title: Name: MALTZMAN, ANAMARIE M

2 SOUTH BISCAYNE BLVD STE 2300 Address:

MIAMI, FL 33131 City-St-Zip:

City-St-Zip: Title: Name: Address:

City-St-Zip:

Address:

Title:

Name:

() Change () Addition

() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY MAL; TZMAN 01/19/2004 D