2007 FOR PROFIT CORPORATION

FILED Apr 10, 2007 08:00 A Secretary of State ANNUAL REPORT **DOCUMENT # P96000079760** GABLES ON THE GREEN HOLDINGS, INC. Principal Place of Business Mailing Address 550 BILTMORE WAY STE 740 550 BILTMORE WAY STE 740 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 03282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0836577 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KING, RUSSELL L ESQ. DO NOT WRITE C/O CAMNER, LIPSITZ & POLLER, P.A. 550 BILTMORE WAY, SUITE 700 IN THIS SPACE CORAL GABLES, FL 33134 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE ROGER, OSCAR NAME 550 BILTMORE WAY STE 740 STREET ADDRESS U00000697624 04/18/07-80046-018 150.00 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

ple liling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information fue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the nformation sumplied with this filing indicatéd on this recor plemental report is er or trustee empt changed, or on an atta t with an addre th all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

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