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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700045089

1. Corporation Name

C.M. GABLES TWO, INC.

1999

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90137 035 ***150.00



Principal Place of Business Mailing Address								
MAMILANES FL 30014 MIAMILANES FL 30014 DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address					**	# 198/108† Ile Hells (Bolt) Beliji Offic Boll) Beliji Gradi Aliji Gradi Aliji Gradi	
2. Princips Place of Business 2a. Mailing Address Scient April 1987 Scient For Scient For Scient For Scient For Scient April 2 Against Model	6431 COW FEN ROAD 6431 COW PEN ROAD						DO NOT WRITE IN THIS SPACE	
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Sulfe, Apt. #, etc. 27	2. Principa Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
27 City & State 28 City & State 29 City & State 29 City & State 29 City & State 29 Country 29 Country 29 Country 29 State 29 State 30 Proceeding of the Country 29 State 30 Procedure of State State 30 Procedure of State State 30 Procedure of State State 31 Procedure of State State 32 Procedure of State State State 31 Name 32 Street Ac dress (P.O. Box Number is Not Acceptable) 32 Street Ac dress (P.O. Box Number is Not Acceptable) 33 State Procedure of State S	21		26	26			65-0763772 Not Applicable	
City & State City & Country City Cit	Suite, Apt.	#, etc.	<u>⊢</u>				E Cortifo to of Status Desired	
25 29 30 Personal Property Tax Yes No. No. No. Yes No. N	City & State		— <u> </u>					
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SHEAR, DAVID 200 SOUTH BISCAYNE BLVD SUITE 2100 MIAMI FL 33131 82 Street Acdress (P.O. Box Number is Not Acceptable) 83 Street Acdress (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Scictions 607.0502 and 607.1508, Florida Statutues, the above-named corporation submiss this statement for the purpose of changing its 7 spistered agent, and familiar with, and accept the obligations of, Section 807.0505, Florida Statutues, the above-named corporation submis this statement for the purpose of changing its 7 spistered agent, and familiar with, and accept the obligations of, Section 807.0505, Florida Statutues, the above-named corporation's board of circotors. I hereby accept the appointment as reg stered agent, and familiar with, and accept the obligations of, Section 807.0505, Florida Statutues, the above-named corporation's board of circotors. I hereby accept the appointment as reg stered agent, and familiar with, and accept the obligations of, Section 807.0505, Florida Statutues, the above-named corporation's board of circotors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 807.0505, Florida Statutues, the above-named corporation's board of circotors. I hereby accept the appointment as registered agent, and familiar with a series of Florida Statutues. SIGNATURE 12.		9. Name and Address o	f Current Registered Agent		[
200 SOUTH BISCAYNE BLVD SUITE 2100 B3 B4 City FL B5 Zip C-xide	CUE	AD DAVID			81	Name		
MIAMI FL 33131 B4 City FL 85 Zip Cxde	200	SOUTH BISCAYNE BLVD			82	Street A	Acdress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sc clions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the obligations of, Section 607.0505, Florida Statutes. 13.					83			
11. Pursuant to the provisions of Sc clions 607.0502 and 607.1508. Floridat Statutes, the above-named criporation submits this statement for the purpose of changing its registered office or registered agent, or bot in the State of Florida. Such change we suitations and by the corporation's board of circctors. Hereby accept the apptiniment as registered agent, and a ccept the obligations of, Section 607.0905, Floridation and manufacturing in an acceptance of registered agent in disterily approach (NOTI-E Registered Agent signature received when reliminating). 12.	IVII AIN	11 FL 33131		ŀ	84	City	FL 85 Zip Code	
SIGNATURE	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors, I nereby accept the appointment as registered							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOFS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOFS N 12	_						DATE	
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14. I hereby certify that the informat on 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 annual report or supplemental annual 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 a secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attach nerth with an adjuster, with a lother like empowered.

SIGNATURE: