## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED May 23, 2005 8:00 am Secretary of State 04-27-2005 90020 033 \*\*\*\*55.00

1. Entity Name						04-27-2003	<i>9</i> 0020 0.	,,, ,	5.00
GABLES STATION, LLC									
Driveinal Disc	o of Pusicone	Mailing Address							
·	e of Business	2665 SOUTH BAYSHORE DRIVE STE. 1200							
2665 SOUTH BAYSHORE DRIVE STE. 1200 2665 SOUTH BAYSHOR COCONUT GROVE FL 33133 COCONUT GROVE FL US			33133	1200		Tauran ah perkanan perkanan	- J	FET 16131 HEAD &	######################################
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/04)				
City & State		City & State			4. FEI Nun	2007656	69	<del></del>	oplied For of Applicable
Zip	Country	Zip	Country		I	ate of Status Desired	- F2∕	\$5.00 Ack Fee Require	ditional d .
	6. Name and Address of Current (	Registered Agent	h la un		7. Name a	nd Address of New F	Registered A	igen1	
BERKOWITZ, JEFFREY				Name					
266	IROWITZ, JEFFRET 5 SOUTH BAYSHORE DRIVE CONUT GROVE FL 33133	E STE. 1200	Stree	Street Address (P.O. Box Number is Not Acceptable)					
00001101 0110 12 12 00100			City					Zip Cod	
i .							FL	Ш.	
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 Signature, typed or printed name of registered again; and little 4 applicable (NOTE Registered Again; signature required when rematating)  DATE									
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2005									
9.	MANAGING MEMBE	RS/MANAGERS	10.		···-	ADDITIONS	/CHANGES		
TITLE	MGRM	☐ Deleta	THILE					☐ Change	Addition
NAME	BERKOWITZ, JEFFRET TRUSTEE								
STREET ADDRESS CITY-ST-ZIP	2665 SOUTH BAYSHORE DRIVE S COCONUT GROVE FL 33133	1E. 1200	STREET ADDRES	25					ì
INTLE		☐ Delete	DILE					☐ Change	Addition
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TITLE		Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS			STREET ADDRES	ss					
CITY-ST-ZIP			CITY+SI+ZIP						
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of these proporties to execute this report as required by Chapter 608, Florida Statutes.									
WALL 7									
SIGNATURE:									