

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000093024

**FILED**  
**Feb 15, 2016**  
**Secretary of State**  
**CC8661366134**

**Entity Name:** GABLES OFFICE BUILDING LLC

**Current Principal Place of Business:**

3211 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3211 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES, FL 33134

**FEI Number:** 46-3014907

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARKER, REX  
3211 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES, FL 33134 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name BARKER, REX M  
Address 3211 PONCE DE LEON BLVD., SUITE 301  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name MILTON, JOSEPH  
Address 3211 PONCE DE LEON BLVD., SUITE 301  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name MILTON, CECIL  
Address 3211 PONCE DE LEON BLVD., SUITE 301  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name MILTON, FRANK  
Address 3211 PONCE DE LEON BLVD., SUITE 301  
City-State-Zip: CORAL GABLES FL 33134

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** REX M. BARKER

**MGR**

**02/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date