

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000175813

**Entity Name:** GABLES HOTEL INVESTMENT, LLC

**Current Principal Place of Business:**

7620 NW 25 STREET  
SUITE 5  
MIAMI, FL 33122

**Current Mailing Address:**

7620 NW 25 STREET  
SUITE 5  
MIAMI, FL 33122 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

JORGE E. BLANCO, P.A.  
1401 PONCE DE LEON BOULEVARD  
202  
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           MANAGER  
Name           SUMI INVESTMENT VENTURE, LLC  
Address       7620 NW 25 STREET  
                  SUITE 5  
City-State-Zip: MIAMI FL 33122

Title           MANAGER  
Name           WJR GABLES INVESTMENT, LLC  
Address       7620 NW 25 STREET  
                  SUITE 5  
City-State-Zip: MIAMI FL 33122

Title           MGR  
Name           SUNRISE RESORTS & LODGES, LLC  
Address       7620 NW 25 STREET  
                  SUITE 5  
City-State-Zip: MIAMI FL 33122

*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: HELEN MEDINA**

**MGR**

**04/22/2014**

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

\_\_\_\_\_  
Date