


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90103 023 ****50.00

DOCUMENT # L00000008160	
1. Entity Name BRILLIANT MARBLE L.C.	

Principal Place of Business 3675 N. COUNTRY CLUB DRIVE SUITE # 107 MIAMI, FL 33180	Mailing Address 3675 N. COUNTRY CLUB DRIVE SUITE # 107 MIAMI, FL 33180
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2. Principal Place of Business 251-172st	3. Mailing Address 251-172st
Suite, Apt. #, etc. 326	Suite, Apt. #, etc. 326

City & State SUNNY ISLES BEACH, FL	City & State SUNNY ISLES BEACH, FL
Zip 33160	Zip 33160
Country DADE	Country DADE



02012005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1025184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TJUTINS, IGORS 3675 N. COUNTRY CLUB DRIVE SUITE # 107 MIAMI, FL 33180	7. Name and Address of New Registered Agent Name IGORS TJUTINS Street Address (P.O. Box Number is Not Acceptable) 251-172st, APT # 326 City SUNNY ISLES BEACH FL Zip Code 33160
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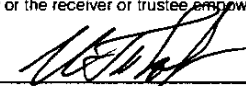
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **(IGORS TJUTINS - PRESIDENT)** **02-01-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TJUTINS, IGORS 3675 N. COUNTRY CLUB DRIVE, SUITE # 107 MIAMI, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TJUTINS, IGORS 251-172st, SUITE # 326 SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **IGORS TJUTINS** **02-01-05** **786-663-4224**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #