

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90007 046 ****50.00

0022445

DOCUMENT-# L00000008160

1. Entity Name
BRILLIANT MARBLE L.C.



Principal Place of Business
**20100 WEST COUNTRY CLUB DR., PH-8
MIAMI FL 33180**

Mailing Address
**20100 WEST COUNTRY CLUB DR., PH-8
MIAMI FL 33180**

2. Principal Place of Business
11111 BISCAYNE BLVD

3. Mailing Address
11111 BISCAYNE BLVD

Suite, Apt. #, etc.
1414

Suite, Apt. #, etc.
1414

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33181

Country
USA

Zip
33181

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1025184**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TJUTINS, IGORS
20100 WEST COUNTRY CLUB DR., PH-8
MIAMI FL 33180**

Name **TJUTINS, IGORS**
Street Address (P.O. Box Number is Not Acceptable)
11111 BISCAYNE BLVD, suite # 1414
City **MIAMI** FL Zip Code **33181**

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]* **IGORS TJUTINS / PRESIDENT** DATE **04-02-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES TJUTINS, IGORS 20100 WEST COUNTRY CLUB DR., PH-8 MIAMI FL 33180 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT TJUTINS, IGORS 11111 BISCAYNE BLVD, # 1414 MIAMI, FL 33181 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* **SIGNATURE** DATE **04-02-03** (800)363-4364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (10/02)