



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

<b>DOCUMENT # L02000007954</b>			
1. Entity Name <b>DESIGNER FURNITURE IMPORTS, LLC</b>			
Principal Place of Business 8871 BRIGHTON LN. BONITA SPRINGS, FL 34135		Mailing Address 8871 BRIGHTON LN. BONITA SPRINGS, FL 34135	
2. Principal Place of Business		3. Mailing Address <b>6001 TAYLOR RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>NAPLES FL</b>	
Zip	Country	Zip	Country
		<b>34109</b>	
4. FEI Number		Applied For	
<b>02-0572187</b>		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBINSON, PAUL J ESQ ROBINSON AND MARKS, P.A. 1590 NE 162ND ST., STE. 200 NORTH MIAMI BEACH, FL 33162		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW! THREE IS \$50.00 (Late Fee) Payable to the Department of State Due by May 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM TAUB, MARVIN <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUB, MARVIN	NAME	
STREET ADDRESS	4792 NW 28ND ST.	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 33063	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADEZ, EMILIO	NAME	
STREET ADDRESS	6632 STONEGATE DR.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERBER, STANLEY	NAME	
STREET ADDRESS	1000 QUAYSIDE TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.			
SIGNATURE: 		Date: <b>4/2/03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

44001964



CHECK HERE IF MAKING CHANGES

CR2E083 (1/02)

279-591-1114