

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

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90042 042 ****50.00

DOCUMENT# L01000022393

1. Entity Name

DECORATIVE CONCRETE PATIO, LLC

Principal Place of Business

Mailing Address

**801 N.E. 18TH COURT, #308
FORT LAUDERDALE FL 33305**

**801 N.E. 18TH COURT, #308
FORT LAUDERDALE FL 33305**

90155607

2. Principal Place of Business

1100 SE 4th Ave

3. Mailing Address

1100 SE 4th Ave

Suite Apt. #, etc.

32

Suite Apt. #, etc.

32

DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

4. FEI Number

43-2125669

Applied For

Not Applicable

Zip

33441

Country

USA

Zip

33441

Country

USA

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

FIGUEIREDO, CRISTIANO

801 N.E. 18TH COURT, #308

FORT LAUDERDALE FL 33305

Name

TAX HOUSE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

1261 EAST SAMPLE ROAD

City

POMPANO BEACH

FL

Zip Code

33064

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/09/03

DATE

FILE NOW! FEE IS \$50.00

Make Check Payable to Department of State

Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME **MGRM**
STREET ADDRESS **FIGUEIREDO, CRISTIANO**
CITY-ST-ZIP **801 N.E. 18TH COURT, #308
FORT LAUDERDALE FL 33305**

TITLE Change Addition
NAME **MGRM**
STREET ADDRESS **FIGUEIREDO, CRISTIANO**
CITY-ST-ZIP **1100 SE 4th Ave # 32
DEERFIELD BEACH, FL 33441**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

09/09/03

Date

(954) 605-6935

Daytime Phone #