


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92166 047 ****50.00

0021564

DOCUMENT # L00000011233	
1. Entity Name WALTER MARBLE LLC	

Principal Place of Business 2727 NORTH ANDREWS AVE., STE. 102 FORT LAUDERDALE FL 33311	Mailing Address 2727 NORTH ANDREWS AVE., STE. 102 FORT LAUDERDALE FL 33311
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2. Principal Place of Business 815 W. BOYNTON BEACH BLVD.	3. Mailing Address
Suite, Apt. #, etc. SUITE 7-102	Suite, Apt. #, etc.
City & State BOYNTON BEACH, FL	City & State
Zip 33426	Country

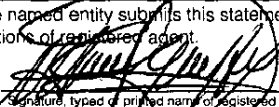


☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1040382	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 WALTER A. CIFUENTES 2727 NORTH ANDREWS AVE., STE. 102 FORT LAUDERDALE FL 33311	7. Name and Address of New Registered Agent Name WALTER A. CIFUENTES Street Address (P.O. Box Number is Not Acceptable) 815 W. BOYNTON BEACH BLVD. #7-102 City BOYNTON BEACH FL Zip Code 33426
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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  **WALTER A. CIFUENTES - PRESIDENT** **04/20/03**
(NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIFUENTES, WALTER A 2727 NORTH ANDREWS AVE., STE. 102 FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIFUENTES, WALTER A. 815 W. BOYNTON BEACH BLVD. #7-102 BOYNTON BEACH, FL 33426 <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
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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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

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:  **WALTER A. CIFUENTES - PRESIDENT** **04/20/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)