

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031553 AB

DOCUMENT # **L00000012409**

1. Entity Name  
**DESIGN MARBLE MANUFACTURING, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 FEB -8 PM 4: 53

Principal Place of Business <b>% DESIGN LABEL MANUFACTURING 7 CAPITOL DRIVE EAST LYME CT 06333</b>	Mailing Address <b>% DESIGN LABEL MANUFACTURING 7 CAPITOL DRIVE EAST LYME CT 06333</b>
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2. Principal Place of Business <b>DESIGN MARBLE MFG, LLC</b>	3. Mailing Address <b>DESIGN MARBLE MFG, LLC</b>
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Suite, Apt. #, etc. <b>5487 MAULE WAY # 58</b>	Suite, Apt. #, etc. <b>5487 MAULEWAY # 58</b>
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City & State <b>MANGONIA PARK, WPB FL</b>	City & State <b>MANGONIA PARK WPB FL</b>
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Zip <b>33407</b>	Country <b>USA</b>	Zip <b>33407</b>	Country <b>USA</b>
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4. FEI Number  
**65-1010629**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE **MJH**

6. Name and Address of Current Registered Agent

**ANGELL CORPORATE SERVICES, INC.  
250 ROYAL PALM WAY, SUITE 300  
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 Department of State**

**900003675549-5**  
**-02/13/01--01007--012**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MEMBERS

TITLE <b>PRESIDENT</b>	NAME <b>PAUL A. DUNPHY</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>5487 MAULEWAY # 58</b>	CITY-ST-ZIP <b>MANGONIA PARK, WPB FL 33407</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE <b>VICE PRESIDENT</b>	NAME <b>JEFFREY COWLER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5487 MAULEWAY # 58</b>	CITY-ST-ZIP <b>MANGONIA PARK, WPB FL 33407</b>	
TITLE <b>PRESIDENT</b>	NAME <b>PAUL A. DUNPHY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5487 MAULEWAY # 58</b>	CITY-ST-ZIP <b>MANGONIA PARK, WPB FL 33407</b>	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: DATE: **1/31/01** 561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # **548-6310**

CR2E083 (11/00)