

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90017 011 ****50.00

DOCUMENT # L01000000045

1. Entity Name

DAVID MORGAN FINE ARTS INTERNATIONAL, L.L.C.

Principal Place of Business

**1300 SW 10TH ST.
DELRAY BEACH FL 33444**

Mailing Address

**C/O BLAKEBERG & COMPANY CPAS
951 SW 4TH AVE.
BOCA RATON FL 33432**

2. Principal Place of Business

Suite, Apt. #, etc.

14539 C S. MILITARY TRAIL

3. Mailing Address

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

Zip

33484

Country

PALM BEACH

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAKESBERG, WILLIAM J
951 S.W. 4TH AVE.
BOCA RATON FL 33432**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MEM	<input type="checkbox"/> Delete
NAME	CAMINA, JEROME	
STREET ADDRESS	1300 SW 10TH ST.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MEM	<input type="checkbox"/> Delete
NAME	D'ALTILIA, RALPH	
STREET ADDRESS	80 COOLIDGE ROAD	
CITY-ST-ZIP	WORCHESTER MA 01602	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 REQUIRED**

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

1/18/02 561-272-3225
Date Daytime Phone #

CR2E083 (9/01)