LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 01 00 00 15794

1. Entity Name

Masco International L.L.C.



FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90060 036 ****50.00

	DO NOT WRITE	IN THIS S	PACI		54028212		
	and the state of the	e magazin eta errentziaren eta	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
Principal Place of Business 3. Mailing Address			ne Wellberg de Deele			•	
1990 NE 163rd Street		8846 W Flagler Street					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Suite 207 City & State		Uni+ 1 City & State		A SELVE A SELV			
,					4. FEI Number 65 - 1147 109	Applied For Not Applicable	
Zip	ami Beach, FL Country	Miami, F	Country	,		\$5.00 Additional	
33167		33174	U.S	_	5. Certificate of Status Desired	Fee Required	
1					7. Name and Address of Current Registered	l Agent	
		an Minhal Eso					
DO NOT WRITE Street Addres				Street Address (F	nan, Michel ESQ (P.O. Box Number is Not Acceptable)		
IN THIS SPACE 2000				2000 Di	Dixie Highway Suite 100M		
IN THIS STACE							
		generalis. Linguis en la grafia de diferencia de la companya		City .	FL.	Zip Code 33 133	
6 The electric				Miami			
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.							
		•					
ŞIGNATURÉ .	Signature, typed or printed name of registered agent a	and title if applicable			DATE		
* * *	Signature, types of printing and transfer agents	и пен аррисале	EEE IC C	E0-00	UNIC.		
FEE IS \$50.00 Make Check Payable to Florida Department of State							
DUE BY MAY 1							
9.	MANAGING MEMBE	 RS/MANAGERS					
TITLE	MGR		TITLE	I			
NAME			NAME				
STREET ADDRESS	Xing RUE Ma 1990 NE 163 St.	suite 207	STREET	ADDRESS			
CITY-ST-ZIP	N Miami Beach,	FL 33162	CITY-S	T-ZIP			
TITLE	MGRM		TITLE NAME				
NAME	Liying Chen Ma 1990 NE 163 St. Suite 207						
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
TITLE	N Miami Beach	1, FL 33162	[20] February [20]				
NAME			TITLE		Consultant and angle among the state of the consultation		
STREET ADDRESS		•		ADDRESS	56 1167 11751		
CITY-ST-ZIP			CITY-S	T-ZIP	DO NOT WRI	l L	
TITLE			HILE	in high year of the figure and his	IN THIS SPAC		
NAME			NAME	The state of the s	IN A THO SHAR	/ E	
STREET ADDRESS			新用等的翻翻	ADDRESS		and the second second	
CITY-ST-ZIP	•		CITY-S	1-ZIP			
TITLE		•	TITLE				
NAME CTREET ADDRESS			NAME				
STREET ADDRESS CITY-ST-ZIP			CITY-S	ADORESS 1-7IP			
			Schweder Uten				
TITLE NAME			TITLE NAME				
STREET ADDRESS			建物类型	ADDRESS			
CITY-ST-ZIP			CITY-S	T-74P			

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: Liying Chen Ma (MGRM) SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-23-2004

<u>(305)905-1931</u>

Daytime Phone #