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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013347

1. Entity Name
DECORAMA DESLEY CORTLEY, LLC

Principal Place of Business	Mailing Address
ONE TURKS HEAD PLACE, SUITE 1200 C/O DUFFY & DWEENEY, LTD. PROVIDENCE, RI 02903	ONE TURKS HEAD PLACE, SUITE 1200 C/O DUFFY & DWEENEY, LTD. PROVIDENCE, RI 02903

2. Principal Place of Business	3. Mailing Address
~~685 W. 25th St.~~ Suite, Apt. #, etc.	~~685 W. 25th St.~~ Suite, Apt. #, etc.
Hialeah, FL	Hialeah, FL
Zip 03010 Country	Zip 03010 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 74-3055068 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVINE GOODMAN PALLOT & WELLS, P.A.
777 BRICKELL AVE.
SUITE 980
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Devine Goodman Pallot & Wells, P.A.
Street Address (P.O. Box Number is Not Acceptable): 777 Brickell Avenue
Suite 850
City: Miami FL Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition MGRM DDC Acquisition Partners, LLC One Turks Head Place, STE 1200 Providence, RI 02903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100013556751 03/06/03--01007--003 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: _____ 2/27/03 0700 401-455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #