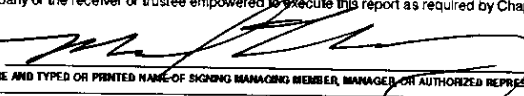


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000013347			
1. Entity Name DECORAMA DESLEY CORTLEY, LLC			
Principal Place of Business ONE TURKS HEAD PLACE, SUITE 1200 C/O DUFFY & DWENEY, LTD. PROVIDENCE, RI 02903		Mailing Address ONE TURKS HEAD PLACE, SUITE 1200 C/O DUFFY & DWENEY, LTD. PROVIDENCE, RI 02903	
2. Principal Place of Business 685 W. 25th St. Suite, Apt. #, etc.		3. Mailing Address 685 W. 25th St. Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 03010	Country	Zip 03010	Country
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 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 _____ (NOTE: Registered Agent's signature required when existing) 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	☐ 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
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
100013556751 03/06/03--01007--003 **50.00			
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 606, Florida Statutes.			
SIGNATURE: 		Date 2/27/03 Daytime Phone # 401-455 0700	

CFR2003 (10/02)