

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 05, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000004501****1. Entity Name**
STICKS INTERIOR DESIGN LLC

Principal Place of Business 1100 VENETIAN WAY, UNIT 1D MIAMI FL 33139	Mailing Address 1100 VENETIAN WAY, UNIT 1D MIAMI FL 33139
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2. Principal Place of Business 1482 PALM WOODS DRIVE Suite, Apt. #, etc.	3. Mailing Address 1482 PALM WOODS DRIVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State FORT MYERS FL	City & State FORT MYERS FL	4. FEI Number 22-3668166	Applied For <input type="checkbox"/> Not Applicable
Zip 33919	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARGARITIS STEPHEN 1100 VENETIAN WAY, UNIT 1D MIAMI FL 33139 US	7. Name and Address of New Registered Agent Name MARGARITIS STEPHEN Street Address (P.O. Box Number is Not Acceptable) 1482 PALM WOODS DRIVE City FORT MYERS FL Zip Code 33919
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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** _____ **07/05/2001**
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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARGARITIS STEPHEN 1100 VENETIAN WAY, UNIT 1D MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARGARITIS STEPHEN 1482 PALM WOODS DRIVE FORT MYERS FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSLIN STEVEN 1100 VENETIAN WAY, UNIT 1D MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSLIN STEVEN 192 EAST 75TH STREET #1C NEW YORK NY 10021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Stephen Margaritis **MGRM** **07/05/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)