A96000002087 **DOCUMENT #**

1. Entity Name BC CRUISES OF FLORIDA, LTD.



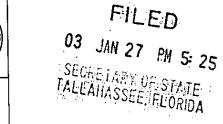
Principal Place of Business 1601 BELVEDERE ROAD. SUITE 407-SOUTH WEST PALM BEACH FL 33406

2. Principal Place of Business

Mailing Address 1601 BELVEDERE ROAD. SUITE 407-SOUTH WEST PALM BEACH FL 33406

3. Mailing Address

Suite, Apt. #, etc.





Suite, Apt. #	#, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State			City & State			4. FEI Number 59-3409376				Applied For Not Applicable
Zip Country		Zip		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
A Address of Commont Registers			Pegistered Agent			7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent					Name .					
BERKOW, JOANNE					Street Address (P.O. Box Number is Not Acceptable)					
1601 BELV	VEDERE RO)AD, SUITE 407-SOUT	H		Street Address	5 (1:0: DOX 110:1100)		<u>. </u>		<u></u>
WEST PAL	LM BEACH	FL 33406				•				
					City			FL	Zip C	Code
	<u></u>	y submits this statement f				torod agent, or both	in the State of Flo		miliar w	ith, and accept
8. The above the obligati	named entiti ions of regist	y submits this statement t ered agent.	or the purpose of changin	ig its register	ed office of regis	itered agent, or some				
SIGNATURE -		or printed name of registered agen	t and title it applicable					DATE		
			10. Amount of (Capital Contri	ibutions		11. MAKE CHE	CK PAYABLE T	0 FL. 0	EPT. OF STATE
9. Capital Contributions as Shown on record. \$25,000.00			in FLORIDA	to date.		<u> </u>	SEE REVERSE SI			FORMATION
	A	GENERAL PARTNER	THAT IS A BUSINESS	S ENTITY N	AUST BE REG	ISTERED AND A	CTIVE WITH TH	IIS OFFICE. Ieneral parti	ner.	
	NOTE	GENERAL PARTNER : General Partners M GENERAL PARTNE	AY NOT be changed	on the form	n; an amenum	lent must be med	ADDRESS CH	IANGES ONL'	Y	
12.	P9600006		R IN ORMANON							
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CITY-ST-ZIP					TY-ST-ZIP					
	certify that t	he information supplied w	rith this filing does not qua	alify for the ex	xemption stated i	n Section 119.07(3)(i), Florida Statutes	s. I further cer	tify that	the information
		he information supplied w ort is true and accurate a e empowered to execute					, maci am a Gene	an anner U	are arm	too paranerenp

SIGNATURE:

1/22/03 56/-689-6603 Date Daylime Phone #

CR2E003 (10/02)