

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 17, 2003 8:00 am  
Secretary of State

04-17-2003 90035 010 \*\*\*\*50.00

DOCUMENT # L02000010913
1. Entity Name
BECKER CASSIDY CLASSIC YACHTS

DO NOT WRITE IN THIS SPACE
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2. Principal Place of Business	3. Mailing Address
846 North Dixie	12100 Baltimore Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Lantana, FL	Beltsville, MD
Zip	Zip
33462	20705
Country	Country
USA	USA

4. FEI Number	Applied For
51-0443244	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE
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7. Name and Address of Current Registered Agent
Name
Siegfried, Rivera, Lerner, De La Torre & Sobel, P.A.
Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, Suite 1102
City
Coral Gables, FL
Zip Code
33134

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.

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1
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9. MANAGING MEMBERS/MANAGERS	
TITLE	President
NAME	Kevin J. Cassidy
STREET ADDRESS	12100 Baltimore Ave.
CITY - ST - ZIP	Beltsville, MD. 20705
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:  4/15/03 301-748-1357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #