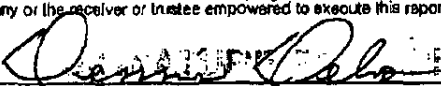


04/28/2003 15:40

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)****FILED**
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90697 019 ****50.00

DOCUMENT # L02000022740			
1. Entity Name BLUE SKY YACHT SALES, LLC			
Principal Place of Business 2221 ALLIANCE BOULEVARD STE. 200 FORT WORTH TX 76177		Mailing Address C/O DENNIS DEBO 2800 W. MOCKINGBIRD DALLAS TX 75235	
2. Principal Place of Business		3. Mailing Address 2800 W. MOCKINGBIRD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ATTN: DENNIS DEBO	
City & State		City & State DALLAS, TX	
Zip	Country	Zip	Country
75235		75235	
4. FEI Number 75-2827645		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HAFT, STUART-J 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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 signature required when relocating) 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	MGR DEASON, DARWIN 2828 N. HASKELL DALLAS TX 75204	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
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 		Date: 4/28/2003 214 902 5046	
SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEES MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	