

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90058 016 ****55.00

DOCUMENT # L02000029027

1. Entity Name

MASTER YACHT BROKERS, LLC



Principal Place of Business

2637 E ATLANTIC BLVD #128
POMPANO BEACH FL 33062

Mailing Address

2637 E ATLANTIC BLVD #128
POMPANO BEACH FL 33062

20019959



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

101 N. Riverside Dr.

Suite, Apt. #, etc.

Suite 119 W

City & State

Pompano Beach, FL

Zip

33062

Country

USA

3. Mailing Address

101 N. Riverside Dr.

Suite, Apt. #, etc.

Suite 119 W

City & State

Pompano Beach, FL

Zip

33062

Country

USA

4. FEI Number

02-0651201

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLELLAN, TIMOTHY M

2637 E ATLANTIC BLVD #128

POMPANO BEACH FL 33062

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

Timothy M. McClellan Timothy M. McClellan

1-20-03

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MCCLELLAN, TIMOTHY M
STREET ADDRESS 2637 E ATLANTIC BLVD #128
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME RADENSTINE, JAMES R.
STREET ADDRESS 2730 N.E. 23rd St.
CITY-ST-ZIP POMPANO BEACH, FL. 33062

☐ Change

☒ Addition

TITLE
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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:

James R. Radenstine JAMES R. RADENSTINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-20-03

Date

954-941-0877

Daytime Phone #

CR2E083 (10/02)