

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000077

FILED  
Apr 26, 2011  
Secretary of State

Entity Name: LIGHTSHIP TANKERS I LLC

**Current Principal Place of Business:**

2200 ELLER DRIVE  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

2200 ELLER DRIVE, P.O. BOX 13038  
ATTN: LEGAL DEPARTMENT  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

P.O. BOX 13038  
ATTN: LEGAL DEPARTMENT  
FORT LAUDERDALE, FL 33316

FEI Number: 65-0643554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, SUSAN K  
2200 ELLER DRIVE  
FORT LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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: PETER F. SOUZA FOR NRAI SERVICES, INC.

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: FABRIKANT, ERIC  
Address: 2200 ELLER DRIVE, P.O. BOX 13038  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: SVP  
Name: THOROGOOD, DANIEL J  
Address: 2200 ELLER DRIVE, P.O. BOX 13038  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VPT  
Name: CENAC, MATTHEW  
Address: 2200 ELLER DRIVE, P.O. BOX 13038  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VS  
Name: MANEKIN, LISA  
Address: 2200 ELLER DRIVE, P.O. BOX 13038  
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LISA MANEKIN

VP

04/26/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date