

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 21 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000078

1. Entity Name
LIGHTSHIP TANKERS II LLC

Principal Place of Business
2200 ELLER DRIVE, BUILDING 27
PORT EVERGLADES STATION
FT. LAUDERDALE FL 33316

Mailing Address
~~2200 ELLER DRIVE, BUILDING 27~~
~~PORT EVERGLADES STATION~~
FT. LAUDERDALE FL 33316



2. Principal Place of Business

3. Mailing Address
2200 ELLER DR. - LEGAL DEPT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
P.O. BOX 13038

City & State

City & State

MW

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0643552

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C/O HVIDE MARINE INCORPORATED
2200 ELLER DRIVE, BUILDING 27
FORT LAUDERDALE FL 33316

Name
Walton S. Kinsey, Jr.
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.

SIGNATURE *Walton S. Kinsey, Jr.* Walton S. Kinsey, Jr. DATE 4/18/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HVIDE, J. ERIK 2200 ELLER DRIVE, BLDG. 27 PT EVERGLADES STA., FT. LAUDFL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Fitzgerald, Jean 2200 Eller Drive, Bldg. 27 Pt Everglades Sta, Ft Laud FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANKLEY, JOHN H 2200 ELLER DR., BLDG 27 PT EVERGLADES STA FT. LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Zorkers, Walter F. 2200 Eller Drive, Bldg. 27 Pt Everglades Sta., Ft. Laud FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWEENEY, EUGENE F 2200 ELLER DR., BLDG 27 PT EVERGLADES STA FT LAUDERDALE FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100005249051-3 -05/08/00--0117-017 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMM, ROBERT B 2200 ELLER DR., BLDG 27 PT EVERGLADES STA FT LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Boyle, Kevin S. 2200 Eller Drive, Bldg. 27 Pt Everglades Sta, Ft Laud FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kinsey, Walton S., Jr. 2200 Eller Drive, Bldg. 27 Pt Everglades Sta, Ft. Laud FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Walton S. Kinsey, Jr.* DATE: 4/18/00 DAYTIME PHONE #: (954) 524-4200 X800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)