


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

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 DR. - LEGAL DEPT. P.O. BOX 13038 FT. LAUDERDALE, FL 33316
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01192004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0643552	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FINCH, STEPHEN B JR.
 C/O SEABULK INTERNATIONAL, INC.
 2200 ELLER DRIVE, BUILDING 27
 FORT LAUDERDALE, FL 33316

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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 (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KURZ, GERHARD E 2200 ELLER DRIVE, BLDG. 27 PT EVERGLADES STA., FT. LAUD. FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TWAITS, ALAN R 2200 ELLER DR., BLDG 27 PT EVERGLADES STA FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINCH, STEPHEN B JR 2200 ELLER DR., BLDG 27 PT EVERGLADES STA FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLRICH, L. STEPHEN 2200 ELLER DR., BLDG 27 PT EVERGLADES STA FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESOSTOA, VINCENT J 2200 ELLER DR., BLDG 27 FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04-29-2004 08:00 AM

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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: SB Finch **Stephen B. Finch** 4/27/04 954-523-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #