

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0025027

DOCUMENT # **M96000000078**

1. Entity Name  
**LIGHTSHIP TANKERS II LLC**



**FILED**

03 MAY -1 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0643552** Applied For  
Not Applicable

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**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  Delete  
NAME **MGR KURZ, GERHARD E**  
STREET ADDRESS **2200 ELLER DRIVE, BLDG. 27**  
CITY-ST-ZIP **PT EVERGLADES STA., FT. LAUDEL 33316**

TITLE  Change  Addition  
NAME **MGR deSostoa, Vincent J.**  
STREET ADDRESS **2200 Eller Drive, Bldg. 27**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE  Delete  
NAME **MGR TWAITS, ALAN R**  
STREET ADDRESS **2200 ELLER DR., BLDG 27 PT EVERGLADES STA**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE  Change  Addition  
NAME **600017801586**  
STREET ADDRESS **05/01/03--01018--011 \*\*50.00**  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGR FINCH, STEPHEN B JR**  
STREET ADDRESS **2200 ELLER DR., BLDG 27 PT EVERGLADES STA**  
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGR WILLRICH, L. STEPHEN**  
STREET ADDRESS **2200 ELLER DR., BLDG 27 PT EVERGLADES STA**  
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Alan R. Twaits* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/03 (954) 523-2200

Date Daytime Phone #

CR2E083 (10/02)