FILE NOW: Fee after May 1, will be \$588.75

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LIMITED LIABILITY COMPANY ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham		FILED	
• 1997			ry of State CORPORATIONS	97 MAR 31	AH 7:46
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address DOCLINATION ## 1				SECRETARY OF STATE TALLAHASSER, FLORIDA	
1. Name and Malling Address of Limited Liability Company DOCUMENT #M9600000079					and the state of t
HVIDE VAN OMMEREN TANKERS III LLC 2200 ELLER DRIVE, BUILDING 27 PORT EVERGLADES STATION FT. LAUDERDALE FL 33316 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2				1a. Principal Place of Business Address 2200 ELLER DRIVE, BUILDING 27 PORT EVERGLADES STATION FT. LAUDERDALE FL 33316	
2. Principal Place of Business	ling Address		3. Date Organized or Qualified	3a. State of Formation	
SAME				03/12/1996	DE
Suite, Apt. #, etc. Suite, A		pt. #, etc.		4. FEI Number	Applied For
City & State	City & St	City & State		65-0643550 APPLIED FOR	Not Applicable
Zip Country	Zip		ountry	5. Date of Last Report	6. Certificate of Status Desired
				uat abblicable	S8.75 Additional Fee Required
7. Name and Address of Curren	nt Registered	Agent	Name	8. Name and Address of New F	Registered Agent
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, its registered office or epistered agent, or both, in the State of Florida. Such change as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Approximately 10011 Registered Agent			Suite, Apt. #, et City Fort Lau	derdale FL Id liability company submits this sta lative vote of a majority of the member	Zip Code 33316 tement for the purpose of changing ers. I hereby accept the appointment
10. Title Managing Members/Manage	()	T	usiness Street Address	.A)	y, State and Zip Code
John H. Riankley Rugene F. Sweeney Gene Douglas Frank W. Phelan C/o Van Omme 4600 Southfi Stamford, CI			bove bove bove mmeren Shipp nfield Avenu	ing (USA) Inc	RGLADES STA., F 1314498 2/9701080006 03.75 ****203.75
11. Ido hereby certify that the Information copplied 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 annual report is true and accurate and that pay 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:	X O O D D D D D D D D D D D D D D D D D	Jary		09.91.	<u> </u>