


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M96000000079
 1. Entity Name
LIGHTSHIP TANKERS III LLC



Principal Place of Business 2200 ELLER DRIVE, BUILDING 27 PORT EVERGLADES STATION FT. LAUDERDALE, FL 33316	Mailing Address 2200 ELLER DRIVE- LEGAL DEPT. P.O. BOX 13038 FT. LAUDERDALE, FL 33316
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01192004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0643550	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 DRIVE, BLDG. 27 PT. EVERGLADES STA., FT LAUD, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINCH, STEPHEN B JR 2200 ELLER DRIVE, BLDG. 27 PT. EVERGLADES STA., FT LAUD, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLRICH, L. STEPHEN 2200 ELLER DRIVE, BLDG. 27 PT. EVERGLADES STA., FT LAUD, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESOSTOA, VINCENT J 2200 ELLER DRIVE, BLDG. 27 FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: SR 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 #