

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 21 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M96000000081

1. Entity Name
LIGHTSHIP TANKERS V 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.

Suite, Apt. #, etc.

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

City & State

City & State

MNM

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0643547

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 - LEGAL DEPT.
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.*
Signature, typed or printed name of registered agent and title if applicable.

Walton S. Kinsey, Jr.
(NOTE: Registered Agent signature required when reinstating)

4/18/00
DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
MGR	HVIDE, J. ERIK	2200 ELLER DRIVE, BLDG. 27	PT EVERGLADES STA, FT LAUD FL 33316	<input checked="" type="checkbox"/>
MGR	BLANKLEY, JOHN H	2200 ELLER DRIVE, BLDG. 27	PT EVERGLADES STA, FT LAUD FL 33316	<input checked="" type="checkbox"/>
MGR	SWEENEY, EUGENE F	2200 ELLER DRIVE, BLDG. 27	PT EVERGLADES STA, FT LAUD FL 33316	<input checked="" type="checkbox"/>
MGR	LAMM, ROBERT B	2200 ELLER DRIVE, BLDG. 27	PT EVERGLADES STA, FT LAUD FL 33316	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR	Fitzgerald, Jean	2200 Eller Drive, Bldg. 27	Pt Everglades Sta, Ft Laud FL 33316	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	Zorkers, Walter F.	2200 Eller Drive, Bldg. 27	Pt Everglades Sta, Ft Laud FL 33316	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	Kinsey, Walton S., Jr.	2200 Eller Drive, Bldg. 27	Pt Everglades Sta, Ft Laud FL 33316	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	Boyle, Kevin S.	2200 Eller Drive, Bldg. 27	Pt Everglades Sta, Ft Laud FL 33316	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/18/00
Date
(954)
524-4200
X 800
Daytime Phone #

CR2E083 (9/99)