

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M9600000079

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC1782556890**

**Entity Name:** LIGHTSHIP TANKERS III LLC

**Current Principal Place of Business:**

2200 ELLER DRIVE  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

P.O. BOX 13038  
ATTN: LEGAL DEPARTMENT  
FORT. LAUDERDALE, FL 33316 US

**FEI Number:** 65-0643550

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            FABRIKANT, ERIC  
Address        2200 ELLER DRIVE, P.O. BOX 13038  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            SVP  
Name            THOROGOOD, DANIEL J  
Address        2200 ELLER DRIVE, P.O. BOX 13038  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            VP/TREASURER  
Name            CENAC, MATTHEW  
Address        2200 ELLER DRIVE, P.O. BOX 13038  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            VP/SECRETARY  
Name            MANEKIN, LISA  
Address        2200 ELLER DRIVE, P.O. BOX 13038  
City-State-Zip: FORT LAUDERDALE FL 33316

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA MANEKIN

**VP/SECRETARY**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date