FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1999**

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 11 AM

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1. Name of Limited Partnership		1a. DOCUMENT# A15357				^{UEC} AM 8: 04	
SEABULK AMERICA PARTNERSHIP, LTD.					2012/17		
Mailing Address		Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
P.O. BOX 1303 2200 ELLER DI FORT LAUDER		P.O. BOX 13038 2200 ELLER DR FORT LAUDERDALE FL 33316			09/19/1983 3a. Date of Last Report 12/12/1997	\$2,376,767.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing A	Mailing Address 2a. Principal Office Address				4. State or Country of Formation	#1,969,450	
Suite, Apt. #,	Suite, Apt. #, etc. Suite, Apt. #, etc.				6. FEI Number	Applied For	
City & State		City & State			59-2324484	Not Applicable	
Zip	Country	Zip Country			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
					8. Make check payable to: Dept. of	State (See reverse side for fee information)	
· · · · · · · · · · · · · · · · · · ·	9 Name and Address of Current R	egistered Agent			10, If changed, new Registered	Agent/Office	
				Name ROBERT B. LAMM			
DOUGLAS 2200 ELLI	· ·			Box Number Is Not Acceptable)			
	ERDALE FL 33316		Suite, Apt.	#, etc.			
		City			FL Zip Code		
for the	nt to the provisions of sections 620,1051 and 6 purpose of changing its registered office or reg I am familiar with, and accept the obligations o	istered agent, or both, in the State of Florid	i limited partne la. Such chang	ership organi ge was autho	zed or registered under the laws of the rized by its general partner(s). I hereby	State of Florida, submits this statement y accept the appointment of registered	
SIGNATURE (Re	egistered Agent Accepting Appointment)				DATE	12/9/98	
A GEN	ERAL PARTNER THAT I	S A CORPORATION, L BE REGISTERED ANI	IMITED D ACTIV	PART E WIT	NERSHIP OR OTHE H THIS OFFICE.	R BUSINESS ENTITY	
11. Nam	e(s) of General Partner(s)	11a. Address of Each General	Partner (Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
SEABULK	K TANKERS, LTD.	2200 ELLER DRIVE		FOR	T LAUDERDALE FL	A02063	

11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11C. Document Number
SEABULK TANKERS, LTD.	2200 ELLER DRIVE	FORT LAUDERDALE FL	A02063
		2000027 12/19/5	16772 3 01102-017
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the Information supplied with this filling is votuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the Information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _

ROBERT B. LAMM

Davilime Telephone Number 954 523 -2200

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