2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A15357 1. Entity Name								FILEO		
SEABULK AMERICA PARTNERSHIP, LTD.							SECR DIVISIO	ETARY OF S Y OF CORPOR	TATE ATIONS	
Principal Plac					00 API	RIB AMII	։ 			
Principal Place of Business Mailing Address P.O. BOX 13038 P.O. BOX 13038						İ			~ .	
2200 ELLER DR					_		- nx			
FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 3331					U					
Principal Place of Business Address Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc. 2200 Eller Dr Legal Dept.			H.	DO NOT WRITE IN THIS SPACE			
City & State			City & State				4. FEI Number	59-2324484		Applied For Not Applicable
Zip		Country	Zip Coun		itry		5. Certificate of	Status Desired		8.75 Additional ee Required
6. Name and Address of Current Registered Agent					Name		7. Name and A	ddress of New R	egistered A	gent
XXXXXX	**************************************						n S. Kine	ov Jr		
CAMAC PROBLECT A SECOND CONTROL OF THE CONTROL OF T					Walton S. Kinsey, Jr. Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33316					2200 Eller Drive, Bldg. 27					
F1. LAUDENDALE FE 33310					City				FL	Zip Code
8. The above named entity submits this systement for the purpose of changing its register						gistere	ed agent, or both,	in the State of Flo		<u> </u>
1) of the state of										
										TO DEPT OF STATE
9. Capital Co as Shown	ate. \$2	,124,04	7.0	0	SEE REVER	SE SIDE FOR	FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.										
12.		GENERAL PARTNER	INFORMATION	13.				ADDRESS CHA	ANGES ONLY	,
DOCUMÆNT # NAME	AENT / A02063 SEABULK TANKERS, LTD.					STREET ADDRESS 2200 Eller Drive, P.O. Box 13038				
STREET ADDRESS CITY-ST-ZIP	2200-ELLER-DRIVE FORT-LAUDERDALE-FL				-ST-ZIP	Ft. Lauderdale, Pl. 33316				
DOCUMENT # NAME				STR	EET ADDRESS					
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DOCUMENT#			-	STRI	ET ADDRESS					
STREET ADORESS CITY - ST - ZIP				СПҮ	-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes										
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING REPERT PRINTER + SECRETARY Date Desture Phone #										
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