


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000000362 1. Entity Name MARINE TOWING FLORIDA LLC |  |
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|---|---|
| Principal Place of Business 1 BARGE PLACE TAMPA, FL 33605 | Mailing Address 1 BARGE PLACE TAMPA, FL 33605 |
|---|---|

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC

CR2E083 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 14-1863916 | 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 KIMBRELL, JAMES S 1 BARGE PL TAMPA, FL 33606 | DO NOT WRITE IN THIS SPACE |
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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.

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|--|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|


**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KIMBRELL, JAMES S 1 BARGE PL TAMPA, FL 33605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BRANTNER, JAMES C 1 BARGE PL TAMPA, FL 33605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CST SWINDAL, STEPHEN W 1 STEINBRENNER DR TAMPA, FL 33614 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC STEINBRENNER, HAROLD Z 1 STEINBRENNER DR TAMPA, FL 33614 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000299481
04/11/05-80109-019 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

| | |
|---|---------------------------------------|
| SIGNATURE  | James S. Kimbrell 2/3/05 813/242-6500 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date Daytime Phone #</small> |