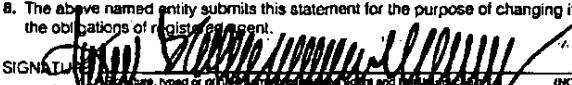


FILED
Aug 02, 2004 8:00 am
Secretary of State

07-19-2004 90232 003 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000017128			
1. Entity Name TAMPA TUGS TWO LLC			
Principal Place of Business ONE BARGE PLACE TAMPA, FL 33605		Mailing Address ONE BARGE PLACE TAMPA, FL 33605	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 80-0065705		Applied For Not Applicable	
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	
TATE, MARK T 212 SOUTH MAGNOLIA AVENUE TAMPA, FL 33606		Name James S. Kimbrell Street Address (P.O. Box Number is Not Acceptable) 1 Barge Place City Tampa FL Zip Code 33605-6707	
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.			
SIGNATURE 		DATE 7/8/2004	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James S. Kimbrell 1 Barge Place Tampa, FL 33605-6707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President James C. Brantner 1 Barge Place Tampa, FL 33605-6707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, Sec/Treas Stephen W. Swindal 1 Steinbrenner Drive Tampa, FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman Harold Z. Steinbrenner 1 Steinbrenner Drive Tampa, FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 		7/8/2004 813-242-6500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, AGENT, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	