2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000017128

1. Entity Name
TAMPA TUGS TWO LLC

Principal Place of Business	Mailing Address
ONE BARGE PLACE TAMPA, FL 33605	ONE BARGE PLACE TAMPA, FL 33605

DO NOT WRITE IN THIS SPACE

01042005No Chg-LLC CR2E083 (10/03)

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

KIMBRELL, JAMES S
1 BARGE PL
TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

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

U00000299477
04/11/05-80109-017 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)(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: _____ James S. Kimbrell 2/3/05 813/242-650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #