

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 21 AM 11:56 SECRETARY OF STATE TALLAHASSEE FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee			
Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company BBIG SHIP LEASING CO., L.C. 456 W DAVIS BLVD TAMPA FL 33606			DOCUMENT # L96000000968		
2. Principal Place of Business <i>No Change</i> Suite, Apt. #, etc. City & State Zip Country			1a. Principal Place of Business Address 456 W DAVIS BLVD TAMPA FL 33606		
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country			3. Date Organized or Qualified 09/13/1996 3a. State of Formation FL 4. FET Number 59-3406463 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
7. Name and Address of Current Registered Agent MARTINEZ, NICK 456 W DAVIS BLVD TAMPA FL 33606			5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <i>Rich J. Muth</i> DATE <i>Apr 9, 1997</i> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		
10. Title Managing Members/Managers MGR BLOCK, WINSTON J			Business Street Address 19 W JEFFERSON CITY, STATE AND ZIP CODE JOLIET IL 100002152051--4 -04/23/97--01074--008 ****212.50 ****212.50		
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small> 4-12-97 8157216311 <small>Date Daytime Phone</small>					