2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007
Secretary of State

DOCUMENT# M03000002157

Entity Name: CSX ALASKA VESSEL COMPANY, LLC

Current Principal Place of Business:

500 WATER STREET, C160
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

500 WATER STREET, C160
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 11-3667785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GOLDMAN, NATHAN D
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR ( ) Delete
Name: SIZEMORE, CAROLYN T
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR ( ) Delete
Name: BOOR, DAVID A
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: AUSTIN, MARK D
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA D. PHILCOX SPEC 02/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date