

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90122 020 ***138.75

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DOCUMENT # M07000006748					
1. Entity Name OSG AMERICA LLC					
Principal Place of Business 302 KNIGHTS RUN AVENUE, SUITE 1200 TWO HARBOUR PLACE TAMPA, FL 33602			Mailing Address 302 KNIGHTS RUN AVENUE, SUITE 1200 TWO HARBOUR PLACE TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number 11-3812935				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME ARNTZEN, MORTEN STREET ADDRESS 666 THIRD AVENUE, 5TH FLOOR CITY-ST-ZIP NEW YORK, NY 10017	<input type="checkbox"/> Delete		TITLE Director & Chairman NAME Arntzen, Morten STREET ADDRESS 666 Third Avenue, 5th Floor CITY-ST-ZIP New York, NY 10017	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME ITKIN, MYLES R STREET ADDRESS 666 THIRD AVENUE, 5TH FLOOR CITY-ST-ZIP NEW YORK, NY 10017	<input type="checkbox"/> Delete		TITLE Director & CFO & [manager] NAME Itkin, Myles R. STREET ADDRESS 666 Third Avenue, 5th Floor CITY-ST-ZIP New York, NY 10017	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME JOHNSTON, ROBERT E STREET ADDRESS 666 THIRD AVENUE, 5TH FLOOR CITY-ST-ZIP NEW YORK, NY 10017	<input type="checkbox"/> Delete		TITLE Director NAME Johnston, Robert E. STREET ADDRESS 666 Third Avenue, 5th Floor CITY-ST-ZIP New York, NY 10017	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME WHITWORTH, JONATHAN P STREET ADDRESS 302 KNIGHTS RUN AVENUE, SUITE 1200 CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE Director & President & CEO NAME Whitworth, Jonathan P. STREET ADDRESS 302 Knights Run Avenue, Suite 1200 CITY-ST-ZIP Tampa, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME BENZ, STEVEN T STREET ADDRESS 220 SPRING PARK PLACE CITY-ST-ZIP HERNDON, VA 10174	<input type="checkbox"/> Delete		TITLE Director NAME Benz, Steven T. STREET ADDRESS 302 Knights Run Avenue, Suite 1200 CITY-ST-ZIP Tampa, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME DOLPIN, JAMES G STREET ADDRESS 405 LEXINGTON AVENUE CITY-ST-ZIP NEW YORK, NY 10174	<input type="checkbox"/> Delete		TITLE Director NAME Dolphin, James G. STREET ADDRESS 302 Knights Run Avenue, Suite 1200 CITY-ST-ZIP Tampa, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		Myles R. Itkin Director & CFO & [manager] 4/4/08 (212)578-1839			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT

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2008 Limited Liability Company Annual Report

Document: #M07000006748

Entity Name: OSG America LLC

Additions:

Title Name Street Address City-State-Zip	Director Kathleen C. Haines 302 Knights Run Avenue, Suite 1200 Tampa, FL 33602
Title Name Street Address City-State-Zip	Secretary James I. Edelson 666 Third Avenue, 5 th Floor New York, NY 10017
Title Name Street Address City-State-Zip	Treasurer Jerry Miller 666 Third Avenue, 5 th Floor New York, NY 10017