

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M10000000479

**FILED**  
**Jul 19, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA VESSEL MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

401 E. JACKSON STREET, SUITE 3300  
TAMPA, FL 33602

**New Principal Place of Business:**

401 E. JACKSON STREET  
SUITE 3200  
TAMPA, FL 33602

**Current Mailing Address:**

401 E. JACKSON STREET, SUITE 3300  
TAMPA, FL 33602

**New Mailing Address:**

401 E. JACKSON STREET  
SUITE 3200  
TAMPA, FL 33602

**FEI Number:** 59-3442815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name: MURRAY, JOHN W  
Address: 401 E. JACKSON STREET, SUITE 3200  
City-St-Zip: TAMPA, FL 33602

Title: MGR  
Name: THAXTON, CRAIG  
Address: 401 E. JACKSON STREET, SUITE 3200  
City-St-Zip: TAMPA, FL 33602

Title: MGR  
Name: HENRY, JARED T  
Address: 401 E. JACKSON STREET, SUITE 3200  
City-St-Zip: TAMPA, FL 33602

Title: MGR  
Name: BRASIER, WILLIAM J  
Address: 401 E. JACKSON STREET, SUITE 3200  
City-St-Zip: TAMPA, FL 33602

I hereby 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: CRAIG THAXTON

MGR

07/19/2012

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