File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 23 PM 3:18
kz 3/23

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # M97000000443

LYKES LINES LIMITED, LLC
111 E. MADISON STREET
TAMPA FL 33602

1a. Principal Place of Business Address

111 E. MADISON STREET
TAMPA FL 33602

2. Principal Place of Business	2a. Mailing Address
Lykes Lines Limited, LLC	Lykes Lines Limited, LLC
Suite, Apt. #, etc.: 401 E. Jackson, Suite 3300	Suite, Apt. #, etc.: P.O. Box 31244
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33602 Country:	Zip: 33631-3244 Country:

3. Date Organized or Qualified: 07/24/1997
3a. State of Formation: DE
4. FEI Number: 59-3455066 ☐ Applied For
APPLIED FOR ☐ Not Applicable
5. Date of Last Report:
6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DONOVAN, FRANK R	401 E. Jackson, Suite 3300 ~~111 E. MADISON STREET~~	TAMPA FL
MGR	HALLIWELL, FRANK J	401 E. Jackson, Suite 3300 ~~111 E. MADISON STREET~~	TAMPA FL
MGR	MILES, RAYMOND R	62-65 TRAFALGAR SQ.	LONDON, ENGLAND WC2N

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****188.75 ****188.75

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: Tom C. Bernardi 2/27/98 813-276-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #