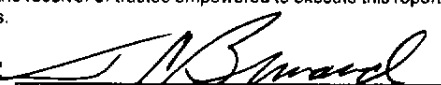


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra S. Matham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 23 PM 3:18 v2 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		1a. Principal Place of Business Address	
LYKES LINES LIMITED, LLC 111 E. MADISON STREET TAMPA FL 33602				111 E. MADISON STREET TAMPA FL 33602	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Lykes Lines Limited, LLC Suite, Apt. #, etc.		Lykes Lines Limited, LLC Suite, Apt. #, etc.		07/24/1997	
401 E. Jackson, Suite 3300 City & State		P.O. Box 31244 City & State		4. FEI Number 59-3455066	
Tampa, FL		Tampa, FL		APPLIED FOR	
Zip 33602		Zip 33631-3244		5. Date of Last Report	
				6. Certificate of Status Desired ☐ Applied For ☐ Not Applicable	
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 reinstalling)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	DONOVAN, FRANK R	401 E. Jackson, Suite 3300		TAMPA FL	
MGR	HALLIWELL, FRANK J	111 E. MADISON STREET		TAMPA FL	
MGR	MILES, RAYMOND R	401 E. Jackson, Suite 3300		LONDON, ENGLAND WC2N	
		111 E. MADISON STREET			
		62-65 TRAFALGAR SQ.			
7000002469797-4 -03/26/98 -01103-022 ****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) (l), 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 2/21/98 813-276-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #