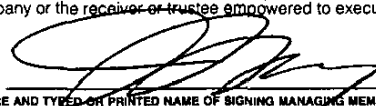


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90122 017 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                                              |                                                                         |                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M97000000443</b><br>1. Entity Name<br>LYKES LINES LIMITED, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                              |                                                                         |                                         |  |
| Principal Place of Business<br>401 E. JACKSON, SUITE 3300<br>TAMPA, FL 33602                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                              | Mailing Address<br>PO BOX 31244<br>TAMPA, FL 33631-3244                 |                                                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | 3. Mailing Address                                           |                                                                         |                                                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         | Suite, Apt. #, etc.                                          |                                                                         |                                                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         | City & State                                                 |                                                                         | 4. FEI Number<br><b>59-3455066</b>                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         | Country                                                      |                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required                          |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                                              |                                                                         | 7. Name and Address of New Registered Agent                                                                              |  |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                                                              |                                                                         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         |                                                              |                                                                         |                                                                                                                          |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         | <b>Make check payable to<br/>Florida Department of State</b> |                                                                         |                                                                                                                          |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                              | 10. ADDITIONS/CHANGES                                                   |                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>BRUNO, SALVADOR<br>401 E. JACKSON, SUITE 3300<br>TAMPA, FL 33602 | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>MURRAY, JOHN W<br>401 E. JACKSON, SUITE 3300<br>TAMPA, FL 33602  | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>LACASSE, J.P. W<br>401 E. JACKSON, SUITE 3300<br>TAMPA, FL 33602 | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VP<br>HARTE, JULIE<br>401 E. JACKSON ST., STE 3300<br>TAMPA, FL 33602   | <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VP<br>WACHTEL, JAMES<br>401 E. JACKSON, SUITE 3300<br>TAMPA, FL 33602   | <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |  |
| 11. I 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 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. |                                                                         |                                                              |                                                                         |                                                                                                                          |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                              | John W. Murray <span style="float: right;">04/25/05 813-226-4600</span> |                                                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                                                              | Date Daytime Phone #                                                    |                                                                                                                          |  |