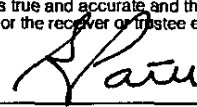


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90232 036 ****55.00

DOCUMENT # L02000024010 1. Entity Name DREDGING & MARINE CONSULTANTS, L.L.C.					
Principal Place of Business 5889 AIRPORT ROAD 1407 PORT ORANGE, FL 32128			Mailing Address 5889 AIRPORT ROAD 1407 PORT ORANGE, FL 32128		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 32-0031996	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PATEL, SHAILESH K 5889 AIRPORT ROAD SUITE 1407 PORT ORANGE, FL 32128				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SHAILESH K 5889 AIRPORT RD, SUITE 1407 PORT ORANGE, FL 32128	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAYARAM, VINOD GOWDA 5889 AIRPORT ROAD, SUITE 1407 PORT ORANGE, FL 32128	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, RAJENDRA P 5889 AIRPORT ROAD, SUITE 1407 PORT ORANGE, FL 32128	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, RAJENDRA P 5889 AIRPORT ROAD, SUITE 1407 PORT ORANGE, FL 32128	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, RAJENDRA P 5889 AIRPORT ROAD, SUITE 1407 PORT ORANGE, FL 32128	☐ Delete			
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.					
SIGNATURE:  SHAILESH K. PATEL					
1-12-2004 (386) 304-6505					