

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024010

FILED
Jan 09, 2006
Secretary of State

Entity Name: DREDGING & MARINE CONSULTANTS, L.L.C.

Current Principal Place of Business:

5889 S. WILLIAMSON BLVD.
1407
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

5889 S. WILLIAMSON BLVD.
1407
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 32-0031996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PATEL, SHAILESH K
5889 S. WILLIAMSON BLVD
SUITE 1407
PORT ORANGE, FL 32128 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: MGRM () Delete
Name: PATEL, SHAILESH K
Address: 5889 S. WILLIAMSON BLVD., SUITE 1407
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM (X) Delete
Name: GOWDA, VINOD JAYARAM
Address: 5889 S. WILLIAMSON BLVD., SUITE 1407
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM (X) Delete
Name: PATEL, RAJENDRA P
Address: 5889 S. WILLIAMSON BLVD., SUITE 1407
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: SHAILESH K. PATEL

MGRM

01/09/2006

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