2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2003 8:00 am
Secretary of State
08-05-2003 90026 030 ****55.00

DOCUMENT # L02000024010

1. Entity Name

DREDGING & MARINE CONSULTANTS, L.L.C.

Principal Place of Business	Mailing Address
1336 OSPREY NEST LANE PORT ORANGE FL 32128	1336 OSPREY NEST LANE PORT ORANGE FL 32128

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5889 AIRPORT ROAD	5889 AIRPORT ROAD
Suite, ~~Apt. #, etc.~~ 1407	Suite, ~~Apt. #, etc.~~ 1407
City & State: PORT ORANGE, FLORIDA	City & State: PORT ORANGE, FLORIDA
Zip: 32128 Country: USA	Zip: 32128 Country: USA

4. FEI Number: 32-0031996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, SHAILESH K
1336 OSPREY NEST LANE
PORT ORANGE FL 32128

7. Name and Address of New Registered Agent

Name: PATEL, SHAILESH K.
Street Address (P.O. Box Number is Not Acceptable): 5889 AIRPORT ROAD
SUITE 1407
City: PORT ORANGE FL Zip Code: 32128

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: SHAILESH K. PATEL — 7-29-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PATEL, SHAILESH K 1336 OSPREY NEST LANE PORT ORANGE FL 32128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PATEL, SHAILESH K. 5889 AIRPORT RD, SUITE 1407 PORT ORANGE, FL 32128	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MCKAY, COLLINS KELLY 1336 OSPREY NEST LANE 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	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PATEL, RATENDRA P. 5889 AIRPORT ROAD, SUITE 1407 PORT ORANGE, FL 32128	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (4/03)

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: SIGNATURE REQUIRED SHAILESH K. PATEL — 7-29-2003 — (386)304-6505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #