
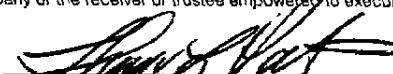


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000001077				
1. Entity Name HATCH MOTT MACDONALD OPERATING SERVICES, LLC				
Principal Place of Business 27 BLEEKER STREET ATTN: LEGAL DEPT. MILLBURN, NJ 07041		Mailing Address 27 BLEEKER STREET ATTN: LEGAL DEPT. MILLBURN, NJ 07041		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	01042006 Chg-LLC CR2E063 (11/05) 4. FEI Number 13-1891379
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		FL
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 _____				
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENICHILO, NICHOLAS M 27 BLEEKER STREET MILLBURN, NJ 07041	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WICKENS, PETER J 27 BLEEKER STREET MILLBURN, NJ 07041	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLACKBURN, MICHAEL O 27 BLEEKER STREET MILLBURN, NJ 07041	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWELLS, KEITH J 27 BLEEKER STREET MILLBURN, NJ 07041	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATTERSON, THOMAS L 27 BLEEKER STREET MILLBURN, NJ 07041	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				U00000500433 04/25/06-80022-001 50.00
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			3-31-06	973-379-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date	Daytime Phone #
Thomas L. Patterson, President				