


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90053 024 ***150.00

DOCUMENT # M03000003249					
1. Entity Name ZACHRY PROJECT MANAGEMENT AND CONSULTING, LLC					
Principal Place of Business 310 SO. ST. MARY'S, STE. 2600 SAN ANTONIO, TX 78205		Mailing Address 310 SO. ST. MARY'S, STE. 2600 SAN ANTONIO, TX 78205			
2. Principal Place of Business <i>Attachment 1</i>		3. Mailing Address <i>Attachment 1</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 47-0911490	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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)					
Signature, typed or printed name of registered agent and title if applicable					
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 OLESON, KENNETH P 310 SO. ST. MARY'S, STE. 2600 SAN ANTONIO, TX 78205		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Attachment 1</i>	
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	
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	
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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: <i>[Signature]</i>			5/1/06 (210) 475-8000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT

20046201

FLORIDA Attachment 1

Entity Name Zachry Project Management And Consulting, LLC

Document No. M03000003249

Principal Place of Business 527 Logwood
San Antonio, TX 78221

Mailing Address 527 Logwood
San Antonio, TX 78221

FEI No. 47-0911490

Resident Agent CT Corporation System
1200 S Pine Island Rd
Plantation, FL 33324

Manager MGR - Kenneth A. Oleson
527 Logwood
San Antonio, TX 78221