Fit F NOW: Fee after May 1, will be \$588.75

71LL	- 11011	. 160	unto ma	.,,,				_						
	ANNUAL R		IY CO	8	Secretary	TMENT OF S Mortham y of State ORPORATIO		1	SECRET		RPORATI			
FILING \$-20	FEE		ort \$100.00 + \$103.79 yable To: FLOF				ATE	91	BFEB	25	AM 9: !	53	12312	
1. Name of Lim	and Mailing Ad nited Liability Co	dress mpany D	OCUMEN.	Г#м	95000	000036								
BOH BROS. CONSTRUCTION CO., L.L.C., L.C.									1a. Principal Place of Business Address					
		EANS LA	AWER 5326 70153	6				730 SOU NEW ORL	ITH T EANS	ONT:	7011	EET 9		
	mailing address is pail Place of Bus		/. line through incorrec			r correction in Blo	ock 2a.				T			
Z. PINICI	pai riace oi bus	111622	Za. Mai	ling Addi	688			3. Date Organized or Qualified 3a. State of Formation						
Suite, Apt. #, etc. Suite, Ap				ot. #, etc.				01/20/1			LA	1		
City & State City & St.				ate				72-0536353			片	Applied For Not Applicable		
Zip		Country	Zıp		1 Cc	ountry		5. Date of Las			6. Certifi	cate of	Status Desired	
						,		02/08/1	996		Sti /h Add	tional £	ec Hequired	
	7. Name	and Address of	Current Registered	Agent				8. Name and Ad		New Re	gistered A	gent		
		TION SYS				Name								
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
PLAN.	IAPLON I	: L 33324	•			Suite, Ap	ot # efc.	7(445			
											17981 97.50		6024 **197.50	
						City		· · · · · · · · · · · · · · · · · · ·		FL	Zip Code			
its registe	red office or regit	ons of Sections (stered agent, or be accept the obliga	608.416 and 608.508 oth, in the State of Flo tions.	l, Florida rida. Sud	Statutes, thich ange wa	e above-name as authorized b	d limited I y affirmat	liability company tive vote of a majo	submits t	hie state	ment for th s. I hereby t	e purpo iccept ti	se of changing ne appointment	
SIGNATU	JRE	:Registered Agent	Accepting Appointmentt - t	NOTE Regi	Slered Agen) sign	halure required when	n reinslatino	<u></u>	DATE _		,			
10. Title	Managing Members/Managers		Business Street Address				City, State and Zip Code				le			
MGR	BOH, RO	BERT S		730	SOUTH	H TONTI	STR	EET	NEW	ORL	EANS	LA		
MGR	BOH, RO	BERT H		730	SOUTH	TONTI	STR	EET	NEW	ORL	EANS	LA		
MGR	GUIZA,	D. E		730	SOUTH	TONTI	STR	EET	NEW	ORL	EANS	LA		
MGR	STEWART	, BINGH	AM C	730	SOUTH	TONTI	STR	EET	NEW	ORL	EANS	LA		
MGR	военм,	EDWIN L	JR	730	SOUTH	TONTI	STR	EET	NEW	ORL	EANS	LA		
MGR	вон, ѕт	EPHEN H		730	SOUTH	TONTI	ST.		NEW	ORL	EANS	LA		
ſ]										

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the Information indicated on this annual 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 employers flo execute this report as sequired by Chapter 608. Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. attachment with an address.

\sim		. 1	A 9	P) (
	I ÷	N	Δ٦		м	-
	_		_			_

GNATURE AND TYPED OR TRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

(504) 821-2400