

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M95000000036**

1. Entity Name

BOH BROS. CONSTRUCTION CO., L.L.C., L.C.

Principal Place of Business

**730 SOUTH TONTI STREET
NEW ORLEANS LA 70119**

Mailing Address

**POST OFFICE DRAWER 53266
NEW ORLEANS LA 70153**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **72-0536353**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$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.

SIGNATURE

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 Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BOH, ROBERT S	730 SOUTH TONTI STREET	NEW ORLEANS LA 70119	<input type="checkbox"/>
MGR	BOH, ROBERT H	730 SOUTH TONTI STREET	NEW ORLEANS LA 70119	<input type="checkbox"/>
MGR	GUIZA, D. E	730 SOUTH TONTI STREET	NEW ORLEANS LA 70119	<input checked="" type="checkbox"/>
MGR	STEWART, BINGHAM C	730 SOUTH TONTI STREET	NEW ORLEANS LA 70119	<input type="checkbox"/>
MGR	BOEHM, EDWIN L JR	730 SOUTH TONTI STREET	NEW ORLEANS LA 70119	<input type="checkbox"/>
MGR	BOH, STEPHEN H	730 SOUTH TONTI ST.	NEW ORLEANS LA 70119	<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Stephen H. Boh **SIGNATURE REQUIRED** **1/04/02** **(504) 821-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Business Phone #

0046454

CR2E083 (9/01)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90027 020 ****55.00

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DO NOT WRITE IN THIS SPACE