


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90038 011 ****55.00

DOCUMENT # M95000000036 1. Entity Name BOH BROS. CONSTRUCTION CO., L.L.C.	
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Principal Place of Business 730 SOUTH TONTI STREET NEW ORLEANS, LA 70119	Mailing Address POST OFFICE DRAWER 53266 NEW ORLEANS, LA 70153
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20000490



01102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-0536353	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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.

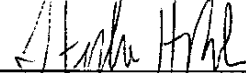
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOH, ROBERT S 730 SOUTH TONTI STREET NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOH, ROBERT H 730 SOUTH TONTI STREET NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART, BINGHAM C 730 SOUTH TONTI STREET NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOEHM, EDWIN L JR 730 SOUTH TONTI STREET NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOH, STEPHEN H 730 SOUTH TONTI ST. NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **1/10/06** **(504) 921-2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #