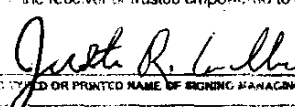


From: TILLEY & CALLAHAN, PA, CPAs 904 730 7090

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90025 029 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000022859					
1. Entity Name DREDGING INFRASTRUCTURE ROADWAY TECHNOLOGY, LLC					
Principal Place of Business 2062 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211 US			Mailing Address 2062 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
			4. FEI Number 20-4483276		Applied For Not Applicable
			5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TILLEY & CALLAHAN, PA, CPAs 4465 BAYVIEW LAKELAND RD. SUITE 3 JACKSONVILLE, FL 32217				Name	
				Street Address (P.O. Box 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, both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when replacing agent)					
FILE FEE: \$138.75 After May 1, 2008 Fee will be \$138.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	MEMBER	☐ Delete			
NAME	WEBER, JUSTIN R				
STREET ADDRESS	14110 ZACHARY DRIVE E.				
CITY-ST-ZIP	JACKSONVILLE, FL 32218				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 608, 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:  4/24/08 704-509-4721					
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					