

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081722

FILED
Jan 11, 2008
Secretary of State

Entity Name: FLORIDA DREDGE AND DOCK, LLC

Current Principal Place of Business:

1040 ISLAND AVENUE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

1040 ISLAND AVENUE
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

1040 ISLAND AVENUE
TARPON SPRINGS, FL 34689

New Mailing Address:

1040 ISLAND AVENUE
TARPON SPRINGS, FL 34689 US

FEI Number: 20-5477741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, WILLIAM D
16340 IOLA WOODS TRAIL
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: FLETCHER, WILLIAM D JR
Address: 16340 IOLA WOODS TRAIL
City-St-Zip: DADE CITY, FL 33523

Title: VP () Delete
Name: FLETCHER, CHESTER D
Address: 2876 UNION ST
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: FLETCHER, WILLIAM D JR
Address: 16340 IOLA WOODS TRAIL
City-St-Zip: DADE CITY, FL 33523 US

Title: VP (X) Change () Addition
Name: FLETCHER, CHESTER D
Address: 2876 UNION ST
City-St-Zip: CLEARWATER, FL 33759 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM D FLETCHER JR

PRES

01/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date