

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000003135

1. Entity Name
BEAN DREDGING L.L.C.



Principal Place of Business

1055 ST. CHARLES AVE.
SUITE 500
NEW ORLEANS, LA 70130

Mailing Address

1055 ST. CHARLES AVE.
SUITE 500
NEW ORLEANS, LA 70130



03172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

72-0823793

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

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BEAN, JAMES W
1055 ST. CHARLES AVE.
NEW ORLEANS, LA 70130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BEAN, JAMES W JR.
1055 ST. CHARLES AVE.
NEW ORLEANS, LA 70130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RESO, JEROME J JR.
2200 ENERGY CENTRE 1100 POYDRAS
NEW ORLEANS, LA 701632200

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

1100000306256
04/15/05-80007-015 50.00

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:

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

Date

Daytime Phone #

4/6/05 (504) 587-8600