


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # M02000003135 1. Entity Name BEAN DREDGING L.L.C. |  |
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|--|--|
| 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 |
|--|--|



04172006 No Chg-LLC

CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 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

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

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

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 |
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05/11/06-80125-005 50.00

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

4/17/06 (504) 587-8600
Date Daytime Phone #