2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003249

1. Entity Name

ZACHRY PROJECT MANAGEMENT AND CONSULTING,



FILED May 10, 2007 8:00 am Secretary of State

05-10-2007 90419 012 ****50.00

Principal Place of Business

Mailing Address

310 SO. ST. MARY'S, STE. 2600 SAN ANTONIO, TX 78205 310 SO. ST. MARY'S, STE. 2600 SAN ANTONIO, TX 78205



DO NOT WRITE IN THIS SPACE

04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 47-0911490 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

	4.	IN THIS SPACE	•
	named entity submits this statement for the purpose of chan ions of registered agent.	Iging its registered office or registered agent, or both, in the State of Florida. I am famil	iar with, and accept
SIGNATŲRE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) OATE	
Fi Di	iling Fee is \$50.00 ue by May 1, 2007		:
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR OLESON, KENNETH A 310 SO. ST. MARY'S, STE. 2600 SAN ANTONIO, TX 78205		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>y</i>		- u
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE Name Street address City+St-Zip		IN THIS SPACE	•
TITLE NAME STREET ADDRESS			,

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 adcurate 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

4/20/07

210-475-8787

Daytime Phone #

ATTACHMENT

60050539

FLORIDA ATTACHMENT 1

Entity Name

Zachry Project Management and Consulting, LLC

Document No.

M03000003249

Mailing Address

527 Logwood

San Antonio, TX 78221

FEI No.

47-0911490

Registered Agent

CT Corporation System 1200 S. Pine Island Rd Plantation, FL 33324

Manager

MGR - Kenneth A. Oleson

527 Logwood

San Antonio, TX 78221