

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000000295**

1. Entity Name  
**EDGEN CARBON PRODUCTS GROUP, L.L.C.**



Principal Place of Business  
**18444 HIGHLAND ROAD  
BATON ROUGE, LA 70809**

Mailing Address  
**18444 HIGHLAND ROAD  
BATON ROUGE, LA 70809**



01202005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3908691**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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**

U000000220414  
02/08/05-80068-022 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
LAXON, DAVID III  
18444 HIGHLAND ROAD  
BATON ROUGE, LA 70809**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
O'LEARY, DAN  
18444 HIGHLAND ROAD  
BATON ROUGE, LA 70809**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

Date

**1/21/2005**

Daytime Phone #

**225-756-9868**