


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90051 001 ****55.00

DOCUMENT # M05000004775	
1. Entity Name ASSOCIATED DIVING AND MARINE CONTRACTORS, L.C.	

Principal Place of Business 1473 PIONEER DR., STE. C SALT LAKE CITY, UT 84104	Mailing Address 1473 PIONEER DR., STE. C SALT LAKE CITY, UT 84104
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------

20000200

2. Principal Place of Business 1473 Pioneer Road Suite, Apt. #, etc. Suite C City & State Salt Lake City, Utah Zip 84104 Country U.S.A	3. Mailing Address 1473 Pioneer Road Suite, Apt. #, etc. Suite C City & State Salt Lake City, Utah Zip 84104 Country U.S.A
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------

01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 87-0660571	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCLEOD, JOHN 1150 W.G. MARTINELLI BLVD. DUNNELLON, FL 34434	7. Name and Address of New Registered Agent Name McLeod, John Street Address (P.O. Box Number is Not Acceptable) 1150 W.G Martinelli Blvd. City Dunnellon FL Zip Code 34434
----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, BARRY D 1473 PIONEER DR., STE. C SALT LAKE CITY, UT 84104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kelly, Barry D. 1473 Pioneer Road, Suite C Salt Lake City, Utah 84104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barry D Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Jan 4, 2006 Daytime Phone # (801) 586-8887