

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004099

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** GULF COAST WETLANDS MITIGATION ANSWERS, L.L.C.

**Current Principal Place of Business:**

115 WILLIAMS AVE STE B  
PICAYUNE, MS 39466

**New Principal Place of Business:**

**Current Mailing Address:**

115 WILLIAMS AVE STE B  
PICAYUNE, MS 39466

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLACKBURN, DENNIS L  
5150 BELFORT ROAD SOUTH BUILDING 500  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: O'NEAL, DAN R  
Address: PO BOX 217  
City-St-Zip: MCHENRY, MS 39561

Title: MGR ( ) Delete  
Name: O'NEAL, MARTIN L  
Address: PO BOX 217  
City-St-Zip: MCHENRY, MS 39561

Title: MGR ( ) Delete  
Name: STUART, E C JR  
Address: PO BOX 550  
City-St-Zip: PICAYUNE, MS 39466

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** E.C. STUART, JR.

MGR

01/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date