
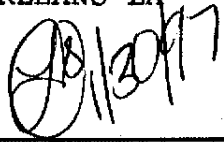
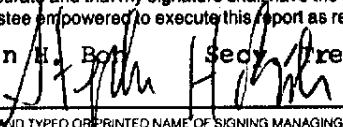


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 JAN 30 PM 4: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M95000000036 BOH BROS. CONSTRUCTION CO., L.L.C., L.C. POST OFFICE DRAWER 53266 NEW ORLEANS LA 70153		1a. Principal Place of Business Address 730 SOUTH TONTI STREET NEW ORLEANS LA 70119			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 01/20/1995	
				3a. State of Formation LA	
				4. FEI Number 72-0536353	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 02/08/1996	
				6. Certificate of Status Desired SB 75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 100002076171--3 -02/04/97--01001--001 *FL 212 50 *****212.50		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	BOH, ROBERT S	730 SOUTH TONTI STREET		NEW ORLEANS LA	
MGR	BOH, ROBERT H	730 SOUTH TONTI STREET		NEW ORLEANS LA	
MGR	GUIZA, D. E	730 SOUTH TONTI STREET		NEW ORLEANS LA	
MGR	STEWART, BINGHAM C	730 SOUTH TONTI STREET		NEW ORLEANS LA	
MGR	BOEHM, EDWIN L JR	730 SOUTH TONTI STREET		NEW ORLEANS LA	
MGR	BOH, STEPHEN H	730 SOUTH TONTI ST.		NEW ORLEANS LA	
					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____		Stephen H. Boh Secy. Treas. 		1/27/97 (504) 821-2400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	