

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000036			
1. Entity Name BOH BROS. CONSTRUCTION CO., L.L.C., L.C.			
Principal Place of Business 730 SOUTH TONTI STREET NEW ORLEANS LA 70119		Mailing Address POST OFFICE DRAWER 53266 NEW ORLEANS LA 70153-3266	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

FILED
00 JAN 19 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.



DO NOT WRITE IN THIS SPACE

4. FEI Number **72-0536353** Applied For Not
5. Certificate of Status Desired **\$5.00** Additional Fee Required

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.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOH, ROBERT S 730 SOUTH TONTI STREET NEW ORLEANS LA 70119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003118091--1 -02/01/00--01056--010 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOH, ROBERT H 730 SOUTH TONTI STREET NEW ORLEANS LA 70119 <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	MGR GUIZA, D. E 730 SOUTH TONTI STREET NEW ORLEANS LA 70119 <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	MGR STEWART, BINGHAM C 730 SOUTH TONTI STREET NEW ORLEANS LA 70119 <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	MGR BOEHM, EDWIN L JR 730 SOUTH TONTI STREET NEW ORLEANS LA 70119 <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	MGR BOH, STEPHEN H 730 SOUTH TONTI ST. NEW ORLEANS LA 70119 <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 exemption stated in Section 119.07(3)(i), 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: *Stephen H. Boh* **REQUIRED** **1/6/00** **(504) 821-2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #