2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M95000000036

1. Entity Name BOH BROS, CONSTRUCTION CO., L.L.C.



FILED
Jan 13, 2004_08:00 AM
Secretary of State

Principal Place of Business

730 SOUTH TONTI STREET NEW ORLEANS, LA 70119 Mailing Address

POST OFFICE DRAWER 53266 NEW ORLEANS, LA 70153



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DO NOT WRITE IN THIS SPACE

01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 72-0536353 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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

6. Name and Address of Current Registered Agent

(NOTE Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2004

9.	MAÑAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CXTY-ST-ZIP	MGR BOH, ROBERT S 730 SOUTH TONTI STREET NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOH, ROBERT H 730 SOUTH TONTI STREET NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART, BINGHAM C 730 SOUTH TONTI STREET NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR BOEHM, EDWIN L JR 730 SOUTH TONTI STREET NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOH, STEPHEN H 730 SOUTH TONTI ST. NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000004121 01/14/04-80015-023 55.00

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11. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1). 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 emptions to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED O

(A | - | Stephen H. Boh

1/07/04

(504) 821-2400

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Daytime Phone s