2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90496 030 ****50.00

DOCUMENT # M96000000086

1. Entity Name
BSW CONSTRUCTION SERVICES, L.L.C.

Principal Place of Business	Mailing Address
ONE WEST THIRD STREET, SUITE 800 TULSA, OK 74103-3505	ONE WEST THIRD STREET, SUITE 800 TULSA, OK 74103-3505

24034421

03222004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
One West Third Street, Suite 800		One West Third Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 800	
City & State Tulsa, OK		City & State Tulsa, OK	
Zip 74103-3520	Country US	Zip 74103-3520	Country US

4. FEI Number 73-1485401 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM % CT CORPORATION SYSTEM 660 E. JEFFERSON ST TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STEPHENS, JEFFREY L		NAME		
STREET ADDRESS	ONE WEST THIRD ST., SUITE ~~100~~		STREET ADDRESS	One West Third Street, Suite 800	
CITY-ST-ZIP	TULSA, OK ~~741033505~~		CITY-ST-ZIP	Tulsa, OK 74103-3520	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 3|26|04 918-582-8771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #