

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000000898 1. Entity Name TUTOR CAYMAN HOLDINGS LDC, LIMITED COMPANY		
Principal Place of Business 15901 OLDEN STREET SYLMAR CA 91342		Mailing Address 15901 OLDEN STREET SYLMAR CA 91342
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	4. FEI Number 98-0190463
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent HAYES, WARREN D SR. 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480		7. Name and Address of New Registered Agent 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 _____



MOORE CR2E083 (11/03)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM TUTOR HOLDINGS, LLC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTOR HOLDINGS, LLC	NAME	
STREET ADDRESS	15901 OLDEN STREET	STREET ADDRESS	
CITY-ST-ZIP	SYLMAR CA 91342	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTOR-SALIBA CORPORATION	NAME	
STREET ADDRESS	15901 OLDEN STREET	STREET ADDRESS	
CITY-ST-ZIP	SYLMAR CA 91342	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

000000037574 Change Addition
 02/06/04-80103-017 50.00

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: *David Barrett* **DAVID BARRETT** **VICE PRESIDENT** **TUTOR-SALIBA CORPORATION** **2-5-04** **(88) 362-8191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #