

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000920

FILED
Jul 01, 2004
Secretary of State

Entity Name: BEAN STUYVESANT, L.L.C.

Current Principal Place of Business:

1055 ST. CHARLES AVE.
SUITE 520
NEW ORLEANS, LA 70130

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51118
NEW ORLEANS, LA 701511118

New Mailing Address:

FEI Number: 72-1422525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: TAYLOR, ANCIL S JR
Address: 3840 LAKE LYNN DRIVE
City-St-Zip: GRETNA, LA 70056

Title: MGR () Delete
Name: VAN DE VEN, RINUS
Address: 68 YELLOWSTONE DRIVE
City-St-Zip: NEW ORLEANS, LA 70131

Title: MGR () Delete
Name: HOFFMAN, WILLIAM D
Address: 137 14TH STREET
City-St-Zip: NEW ORLEANS, LA 70124

Title: MGRM () Delete
Name: DREDGING, BEAN LLC
Address: 1055 ST CHARLES AVENUE SUITE 500
City-St-Zip: NEW ORLEANS, LA 70130

Title: MGR () Delete
Name: BEAN, JAMES W
Address: 6025 GARFIELD STREET
City-St-Zip: NEW ORLEANS, LA 70118

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM D. HOFFMAN

MGR

07/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date