2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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:

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

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/MANAGERS:

Title:	MGR	( ) Delete
Name:	TAYLOR, ANCIL S JR	
Address:	1055 ST. CHARLES AVENUE, SUITE 520	
City-St-Zip:	NEW ORLEANS, LA 70130 US	
Title:	MGR	( ) Delete
Name:	KEIJ, WILLEM	
Address:	1055 ST. CHARLES AVENUE, SUITE 520	
City-St-Zip:	NEW ORLEANS, LA 70130 US	
Title:	MGR	( ) Delete
Name:	HOFFMAN, WILLIAM D	
Address:	1055 ST. CHARLES AVENUE, SUITE 520	
City-St-Zip:	NEW ORLEANS, LA 70130 US	
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 JR.	
Address:	1055 ST. CHARLES AVENUE, SUITE 520	
City-St-Zip:	NEW ORLEANS, LA 70130 US	

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 Chapter 119, 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 03/09/2007

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