

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90021 023 ****50.00

DOCUMENT # M99000000278

1. Entity Name
BEAN EXCAVATION L.L.C.



Principal Place of Business
**619 ENGINEERS RD SUITE 300
BELLE CHASSE, LA 70037**

Mailing Address
**619 ENGINEERS RD SUITE 300
BELLE CHASSE, LA 70037**



03232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1437737

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BEAN, JAMES W
619 ENGINEERS RD SUITE 300
BELLE CHASSE, LA 70037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HOFFMAN, WILLIAM D
619 ENGINEERS RD SUITE 300
BELLE CHASSE, LA 70037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BEAN, JAMES W JR
619 ENGINEERS RD SUITE 300
BELLE CHASSE, LA 70037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/06 504-587-8600