


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000012779	
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1. Entity Name
LASCH LLC

Principal Place of Business

**1506 SW 143 CT
MIAMI, FL 33184**

Mailing Address

**1506 SW 143 CT
MIAMI, FL 33184**

DO NOT WRITE IN THIS SPACE



05082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

80-0049819

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

**SILVA, ALBERTO
1506 SW 143 CT
MIAMI, FL 33184**

**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 retreating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2006**

9. MANAGING MEMBERS/MANAGERS

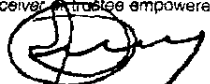
TITLE	MGRM
NAME	SILVA, ALBERTO
STREET ADDRESS	1506 SW 143 CT.
CITY- ST- ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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NAME	
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CITY- ST- ZIP	

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05/23/06-80005-010 50.00

**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, trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



**ALBERTO SILVA
MGRM**

5/08/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #