## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## **DOCUMENT # L04000023227 Secretary of State** 01-19-2005 90026 010 \*\*\*\*50.00 LASSERRE FAMILY, LLC Mailing Address Principal Place of Business 304 STATE ROAD 200, A1A P.O. BOX 653 SELTOBOS FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 2. Principal Place of Business 3032 SBTH ST 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For BEACH 20-0911524 Not Applicable ERNANDINA Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required NASSAU 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LASSERVE JON C LASSERRE, JON C Street Address (P.O. Box Number is Not Acceptable) **304 STATE ROAD 200, A1A** FERNANDINA BEACH, FL 32034 Zip Code 32-034 City FERNANDINA BEACH 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 Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE ☐ Delete TITLE MANPGER Change Addition JOH C. NOSSOUVE NAME NAME 3032 5, 6th ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERMANDING BURCH, FU 32054 Addition TITLE ☐ Delete TITLE MEMBER CHARLES W. LASSERNE NAME NAME STREET ADDRESS STREET ADDRESS FORMANDING BENCH, FL 32034 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete MILE MEMBER Change TITLE NAME NAME KASIE A. LASSEMIE STREET ADDRESS STREET ADDRESS ZOZL HIGHLAND DROWE CITY-ST-ZIP CITY-ST-ZIP Ferhanours Geneth member ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME CURTISE J. CASSERNE STREET ADDRESS STREET ADDRESS 2021 HIGHLAND DRIVE CITY-ST-7IP CITY-ST-ZIP Fernandura Borren Fr 32034 ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 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.

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FILED

Mar 16, 2005 8:00 am