

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038649

Entity Name: LACHER, LLC

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

4099 TAMIAMI TRAIL NORTH, SUITE 301
NAPLES, FL 34103

New Principal Place of Business:

801 LAUREL OAK DRIVE, SUITE 400
NAPLES, FL 34108

Current Mailing Address:

4099 TAMIAMI TRAIL NORTH, SUITE 301
NAPLES, FL 34103

New Mailing Address:

801 LAUREL OAK DRIVE, SUITE 400
NAPLES, FL 34108

FEI Number: 34-1996598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATES, MICHAEL ESQ
LAW OFFICE OF MICHAEL MATES, P.A.
1551 NW 125TH AVENUE, #206
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

SEEWALD, JEANNE L ESQ.
FOWLER WHITE BOGGS BANKER, P.A.
5811 PELICAN BAY BOULEVARD, STE. 600
NAPLES, FL 34108 US

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: JEANNE L. SEEWALD, ESQ.

04/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: REHBEIN, LAURA L
Address: 4099 TAMIAMI TRAIL NORTH, SUITE 301
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OSBORNE, CHERYL H
Address: 801 LAUREL OAK DRIVE, SUITE 400
City-St-Zip: NAPLES, FL 34108

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: CHERYL H. OSBORNE

MGR

04/22/2005

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