2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007
Secretary of State

DOCUMENT# L05000084028

Entity Name: LADIE BEA LACKEY, L.L.C.

Current Principal Place of Business:

1465 WEST COUNTY HWY 30-A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

1465 WEST COUNTY HWY 30-A
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-3364772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 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:	MGRM	( ) Delete
Name:	LACKEY, LADIE B	
Address:	1465 WEST COUNTY HWY 30-A	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	MGR	( ) Delete
Name:	FALKENBURG, CAROLINE	
Address:	1465 WEST COUNTY HWY 30-A	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	MGR	( ) Delete
Name:	FALKENBURG, FRANK JR	
Address:	423-A JOHNSON	
City-St-Zip:	SAUSALITO, CA 94965	

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:	

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: LADIE BEA LACKEY MGRM 01/25/2007

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