

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084028

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

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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 US

Title: MGR () Delete
Name: FALKENBURG, CAROLINE
Address: 1465 WEST COUNTY HWY 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGR () Delete
Name: FALKENBURG, FRANK JR
Address: 423-A JOHNSON
City-St-Zip: SAUSALITO, CA 94965 US

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 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 B. LACKEY

MGRM

03/10/2009

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