


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000110576 1. Entity Name LACHASE ONE VENTURES, LLC	
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Principal Place of Business 3101 W. PROSPECT ROAD TAMPA, FL 33629	Mailing Address 3101 W. PROSPECT ROAD TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE



04262007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-2994067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NEIL S. SCHECHT, P.A. 3630 W. KENNEDY BLVD. TAMPA, FL 33609

**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 _____ (NOTE: Registered Agent signature required when restate) _____ DATE _____

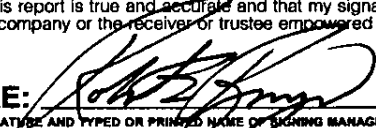
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGEN, ROBERT S 3101 W. PROSPECT ROAD TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURGEN, JEANNINE V 3101 W. PROSPECT ROAD TAMPA, FL 33629
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05/23/07-80027-015 50.00

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

SIGNATURE:  **4.3.07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #