

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90075 003 ****55.00

DOCUMENT # L99000008752

1. Entity Name
LASCHE BEACH HOUSE, L.L.C.



Principal Place of Business
9430 WEST HWY 98
PORT ST JOE, FL 32456

Mailing Address
NICHOLAS H. MERRIAM
3833 MAHOPAC STREET
JEFFERSON VALLEY, NY 10535

DO NOT WRITE IN THIS SPACE



01152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3613926

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

BAKER, FRANK A ESQ
LAW OFFICES OF BAKER AND MERCER
4431 LAFAYETTE ST.
MARIANNA, FL 32446

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MERRIAM, NICHOLAS H MR. 3833 MAHOPAC ST. JEFFERSON VALLEY, NY 105351301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM (PHYLLIS) PHYLLIS LASCHE, PHYLLIS A, MS 10961 MORGAN TERRITORY ROAD LIVERMORE, CA 94550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: NICHOLAS H. MERRIAM

2/14/05

914 962 0639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #