

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008752

FILED
Apr 29, 2006
Secretary of State

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

Current Principal Place of Business:

9430 WEST HWY 98
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

GEORGE P LASCHE
13509 QUAKING ASPEN PLACE NE
ALBUQUERQUE, NM 87111

FEI Number: 59-3613926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, FRANK A ESQ
LAW OFFICES OF BAKER AND MERCER
4431 LAFAYETTE ST.
MARIANNA, FL 32446 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: MERRIAM, NICHOLAS H MR.
Address: 3833 MAHOPAC ST.
City-St-Zip: JEFFERSON VALLEY, NY 105351301

Title: MGRM (X) Delete
Name: LASCHE, PHYLLIS A
Address: 10961 MORGAN TERRITORY ROAD
City-St-Zip: LIVERMORE, CA 94550

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LASCHE, GEORGE P MR.
Address: 13509 QUAKING ASPEN PLACE NE
City-St-Zip: ALBUQUERQUE, NM 87111

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: GEORGE P LASCHE

MGRM

04/29/2006

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