

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90023 019 ****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

**PHYLLIS LASCHE
10961 MORGAN TERRITORY ROAD
LIVERMORE CA 94551**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3613926**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LASCHE, GEORGE P
800 BRIGHTWATERS BLVD., NE
ST. PETERSBURG FL 33704-3720**

Name **FRANK A. BAKER, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
LAW OFFICES OF BAKER AND MERCER

4431 LAFAYETTE ST.

City **MARIANNA**

FL

Zip Code
32446

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
NAME **MERRIAM, NICHOLAS H MR.**
STREET ADDRESS **3833 MAHOPAC STREET**
CITY-ST-ZIP **JEFFERSON VALLEY NY 10535-1301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☒ Delete
NAME **LASCHE, GEORGE P DR.**
STREET ADDRESS **800 BRIGHTWATERS BLVD., N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33704-3720**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **LASCHE, PHYLLIS A MS.**
STREET ADDRESS **10961 MORGAN TERRITORY ROAD**
CITY-ST-ZIP **LIVERMORE CA 94550-9402**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☒ Delete
NAME **LASCHE, JAMES B DR.**
STREET ADDRESS **4 MANGHAM COURT**
CITY-ST-ZIP **PERALTA NM 87042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☒ Delete
NAME **LASCHE, ERNEST P III**
STREET ADDRESS **8466 N. LOCKRIDGE ROAD, PMB 108**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
PHYLLIS LASCHE

3/20/03

925-443-9148

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

Date

Daytime Phone #

CR2E083 (10/02)