2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90067 022 ****50.00

DOCUMENT # L03000001397

1. Entity Name
NAPLES VANDERBILT C&M INVESTORS, LLC

Principal Place of Business	Mailing Address
4099 TAMIAMI TRAIL NORTH, SUITE 305 NAPLES, FL 34103	4099 TAMIAMI TRAIL NORTH, SUITE 305 NAPLES, FL 34103

44000070

04282004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
4099 Tamiami Trail, N.		4099 Tamiami Trail, N.	
Suite, Apt. #, etc.: Suite 307		Suite, Apt. #, etc.: Suite 307	
City & State: Naples, FL		City & State: Naples, FL	
Zip: 34103	Country: Collier	Zip: 34103	Country: Collier

4. FEI Number: 59-3538213 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FIELD, JAMES W
4099 TAMIAMI TRAIL NORTH, SUITE ~~305~~ 307
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4099 Tamiami Trail, N. Suite 307

City Naples FL Zip Code 34103

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] James W. Field 4/28/03
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Member	☐ Delete
NAME	Investors Development Services, Inc	
STREET ADDRESS	567 Devils Lane	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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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] 4/28/04 239-262-5934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #