

REINSTATEMENT 2002
DOCUMENT # 00000010745
VANDERBILT INVESTMENT CO., LLC
REINSTATEMENT 2002
02 NOV 19 AM 10:04
LC 11/21

Principal Place of Business
9051 GULFSHORE DRIVE, PH3
NAPLES FL 34108

Mailing Address
9051 GULFSHORE DRIVE, PH3
NAPLES FL 34108

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
9051 Gulfshore Dr. PH2
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE
4. FEI Number 59-3682492
Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HAZELBAKER, JANA L
9051 GULFSHORE DRIVE, PH3
NAPLES FL 34108

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
9051 Gulfshore Dr. PH2
City FL Zip Code

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.
SIGNATURE *Jana L Hazelbaker* 11-10-02
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 Department of State
Due By May 1, 2002

600008479746--7
-10/21/02--01071--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM HAZELBAKER, JANA 9051 GULFSHORE DR. PH3 NAPLES FL 34108
Delete
Delete
Delete
Delete
Delete
Delete
Delete

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
9051 Gulfshore Dr. PH2
Change Addition
11/19/02--01068--001 **100.00
Change Addition
600008479746
11/19/02--01068--001 **100.00
Change Addition
Change Addition

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: *Jana L Hazelbaker* 10-8-02 239-404-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)