


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90025 002 ****55.00

DOCUMENT # L00000016260	
1. Entity Name VANDERBILT DUNES, LLC	

Principal Place of Business 5551 RIDGEWOOD DR., SUITE 203 NAPLES FL 34108	Mailing Address 5551 RIDGEWOOD DR., SUITE 203 NAPLES FL 34108
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2. Principal Place of Business 800 Laurel Oak Dr.	3. Mailing Address 800 Laurel Oak Dr
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. # 300
City & State Naples FL	City & State Naples FL
Zip 34108	Country USA

1st MOORE

CR2E083 (10/04)

4. FEI Number 59-3689486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KEELEY, PETER L'ESQUIRE GRANT, FRIDKIN, PEARSON, ATHAN & CROWN PA 5551 RIDGEWOOD DR., SUITE 501 NAPLES FL 34108	
7. Name and Address of New Registered Agent G. Helen Athan, Esq. Street Address (P.O. Box Number Not Acceptable) Grant Fridkin Pearson Athan & Crown PA 5551 Ridgewood Dr., #501 City Naples FL Zip Code 34108	

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

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

(NOTE: Registered Agent signature required when reinstating)

3/31/05
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHARPE, KEITH A 5551 RIDGEWOOD DR., SUITE 203 NAPLES FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 Laurel Oak Dr. Suite 300 Naples FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/31/05