2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000016261

1. Entity Name
VANDERBILT KINSALE, LLC



Principal Place of Business

5551 RIDGEWOOD DR., SUITE 203 NAPLES, FL 34108 Mailing Address

5551 RIDGEWOOD DR., SUITE 203 NAPLES, FL 34108

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3689487

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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8. The above named entity submits this statement for the purpose of changing	g its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
the obligations of registered agent.		0027491946
		0401016020 **1380.60
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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR SHARPE, KEITH A 5551 RIDGEWOOD DR., SUITE 203 NAPLES, FL 34108
STREET ADDRESS CITY-ST-ZIP	
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11. I hereby	certify that the information supplied with this filing does net qualify for the ex

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11. I hereby certify that the information supplied with this filing does net 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 marmy eignature 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 received of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1/14/04

2395662800

Daytime Phone #