


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006499 1. Entity Name VANDERBILT BEACH ENTERPRISES, L.L.C.	
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Principal Place of Business 1473 PERIWINKLE WAY SANIBEL, FL 33957	Mailing Address 1473 PERIWINKLE WAY SANIBEL, FL 33957
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03082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1013077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent PRITCHARD, WILLIAM L 1473 PERIWINKLE WAY SANIBEL, FL 33957

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000100852
04/01/04-80025-004 100.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRITCHARD, WILLIAM L 1473 PERIWINKLE WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRITCHARD, ROGER C 1473 PERIWINKLE WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAETA, PAUL F 1473 PERIWINKLE WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAETA, MARGARETA 1473 PERIWINKLE WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *William L Pritchard* 3/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #