2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100006499

1. Entity Name

VANDERBILT BEACH ENTERPRISES, L.L.C.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90233 020 ****50.00

Mailing Address Principal Place of Business **300033231** 1473 PERIWINKLE WAY 1473 PERIWINKLE WAY SANIBEL FL 33957 SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1013077 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRITCHARD, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 1473 PERIWINKLE WAY SANIBEL FL 33957 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE Addition TITLE ☐ Delete ☐ Change PRITCHARD, WILLIAM L NAME NAME 1473 PERIWINKLE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 MGRM TITLE ☐ Delete TITLE Change Addition PRITCHARD, ROGER C NAME NAME 1473 PERIWINKLE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP MGRM:-TITLE Change Addition TITLE · 🗀 · Detetē GAETA, PAUL F NAME NAME 1473 PERIWINKLE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 MGRM ☐ Change Addition ☐ Delete TITLE TITLE GAETA, MARGARETA NAME NAME STREET ADDRESS 1473 PERIWINKLE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

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: WENTER OF BRIDGE NAME OF STOWN OF MANAGED MANAGED OF AUTHORITO DE PROPERTY OF THE P

4/1/03

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