

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90013 035 \*\*\*\*55.00

**DOCUMENT # L01000012360**

1. Entity Name

VANDERBILT HOSPITALITY SERVICES, LLC



Principal Place of Business

5551 RIDGEWOOD DRIVE SUITE 203  
NAPLES FL 34108

Mailing Address

5551 RIDGEWOOD DRIVE SUITE 203  
NAPLES FL 34108



2. Principal Place of Business

800 Laurel Oak Dr. #300  
Suite, Apt. #, etc.  
#300

3. Mailing Address

800 Laurel Oak Dr.  
Suite, Apt. #, etc.  
#300

1st MOORE

CR2E083 (10/04)

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3749214

Applied For

Not Applicable

Zip

34108

Country

USA

Zip

34108

Country

USA

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEELEY, PETER L ESQ.  
5551 RIDGEWOOD DRIVE SUITE 203  
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

G. Helen Athan, Esq.

Street Address (P.O. Box Number is Not Acceptable)

800 Laurel Oak Dr., #300

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)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME SAPUTO, PETER C  
STREET ADDRESS 5551 RIDGEWOOD DRIVE SUITE 203  
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 800 Laurel Oak Dr., #300  
CITY-ST-ZIP Naples, FL 34108

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #