

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101566

Entity Name: INN OF NAPLES, LLC

FILED  
Mar 19, 2009  
Secretary of State

**Current Principal Place of Business:**

C/O J. NERAD//TIMEMED LABELING SYSTEMS  
144 TOWER DRIVE  
BURR RIDGE, IL 60527

**New Principal Place of Business:**

C/O J. NERAD//INN OF NAPLES  
4055 TAMIAMI TRAIL N  
NAPLES, FL 34103

**Current Mailing Address:**

C/O J. NERAD//TIMEMED LABELING SYSTEMS  
144 TOWER DRIVE  
BURR RIDGE, IL 60527

**New Mailing Address:**

C/O J. NERAD//INN OF NAPLES  
4055 TAMIAMI TRAIL N  
NAPLES, FL 34103

FEI Number: 20-5856662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VANDERBILT-BEACH ASS, OCIATES LP  
Address: 4055 NORTH TAMIAMI TRAIL  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUSAN J. SOLDAN

GM

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date