


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90144 044 ****50.00

DOCUMENT # L06000103812 1. Entity Name VANDERBILT BEACH, LLC					
Principal Place of Business 1695 ROOD POINT ROAD MUSKEGON, MI 49441			Mailing Address 1695 ROOD POINT ROAD MUSKEGON, MI 49441		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUNT, PAT 3147 LANCASTER DRIVE, #1 NAPLES, FL 34105				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUNT, PAT 3147 LANCASTER DRIVE #1 NAPLES, MI 34105 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER HUNT, ANNA 1695 ROOD POINT RD. MUSKEGON, MI 49441 <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Pat Hunt</u> PAT HUNT <div style="float: right; text-align: right;"> 1-18-07 239-263-4286 </div>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #