


FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90046 031 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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 # 470 LAUNCH CIRCLE		3. Mailing Address	
Suite, Apt. #, etc. # 403		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State	
Zip 34108	Country U.S.A.	Zip	Country
4. FEI Number 20-5844520 20-5845420		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01092008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HUNT, PAT 3147 LANCASTER DRIVE, #1 NAPLES, FL 34105		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNT, ANNA C 1695 ROOD POINT RD MUSKEGON, MI 49441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Anna Hunt</u> Anna Hunt MGR 1-9-08			