File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

98 MAY -4 PM 4: 09 STATE OF STATE

FILED

\$ 188.							TALLAHASSEE, FLORIDA			
1. Name and Malling Address of Limited Liability Company DOCUMENT # L9700000482										
THE SPINNAKER GROUP, L.C. 15 - 8TH STREET BONITA SPRINGS FL 34134					1a. Principal Place of Business Address 15 - 8TH STREET BONITA SPRINGS FL 34134					
2. Principal Place of Business 2a. Mailir			ng Address			3. Date Organize	ed or Qualified	3a. State of Formation		
Suite, Apt. #, etc. Suite, Apt			. #, etc.			05/01/1 4. FEI Number	997	FI. Applied For		
City & State City & Sta			te						Not Applicable	
Z ip	Country Zig	р	Country		y	5. Date of Last F	teport	S. Certificate of Status Desired SS.75 Additional Fee Required		
7. Name and Address of Current Registered			it			of New Registered Agent/Office				
ELFERDINK, STEVEN R 15 - 8TH STREET BONITA SPRINGS FL 34134 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florid its registered office or registered agent, or both, in the State of Florida. S as registered agent, and accept the obligations.				utes, the al	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc05.06/9801074015 City FL bove-named limited liability company submits this statement for the purpose of changing authorized by affirmative vote of a majority of the members. Thereby accept the appointment					
SIGNATURE										
10. Title	Managing Members/Managers		Business Street Address				City, State and Zip Code			
MEM MEM	VANDERBILT BEACH MOS	1	9225 GULFSHORE DRIVE N 4099 TAMIAMI TRAIL, 4T				NAPLES	_ _ _	O/55	
MEM	ELFERDINK, STEVEN	15	5 -	8TH	STREET		BONITA	SPR	INGS FL	
MEM	ELFERDINK, ANNE E	15	5 -	8TH	STREET		BONITA	SPR	INGS FL	
MEM	RUBECK, RONALD R	15	517	BROW	ING LANE		BLOOMI	NGTO	N IN	
MEM	RUBECK, KATHLEEN M	15	517	BROW	ING LANE		BLOOMI	NGTO	N IN	

11. Ido 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 annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or yosten emportered by execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER