

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L97000000482**

1. Entity Name  
**THE SPINNAKER GROUP, L.C.**



Principal Place of Business  
**4099 TAMiami TRAIL, SUITE 400  
NAPLES, FL 34103**

Mailing Address  
**4099 TAMiami TRAIL, SUITE 400  
NAPLES, FL 34103**



02232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3462122**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STARMAN, SHELDON  
4099 TAMiami TRAIL, SUITE 400  
NAPLES, FL 34103**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000055517  
02/27/04-80047-025 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MEM  
VANDERBILT BEACH MOTEL, INC.  
9225 GULF SHORE DRIVE N  
NAPLES, FL 34108**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
STARMAN, SHELDON  
4099 TAMiami TRAIL, SUITE 400  
NAPLES, FL 34103**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MEM  
RUBECK, RONALD  
1517 BROWNING LANE  
BLOOMINGTON, IN 47401**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MEM  
RUBECK, KATHLEEN  
1517 BROWNING LANE  
BLOOMINGTON, IN 47401**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MEM  
EMERY, STEVEN  
4220 HARRELL ROAD  
BLOOMINGTON, IN 47401**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Sheldon Starman* **SHELDON STARMAN** 2/23/04 (239) 462-1040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #