2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000482

Entity Name: THE SPINNAKER GROUP, L.C.

FILED Mar 30, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Business

4099 TAMIAMI TRAIL, SUITE 400 4099 TAMIAMI TRAIL NORTH NAPLES, FL 34103

SUITE 400

NAPLES, FL 34103

Current Mailing Address: New Mailing Address:

4099 TAMIAMI TRAIL, NORTH 4099 TAMIAMI TRAIL, SUITE 400

NAPLES, FL 34103 SUITE 400

NAPLES, FL 34103

FEI Number: 59-3462122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STARMAN, SHELDON STARMAN, SHELDON 4099 TAMIÁMI TRAIL, SUITE 400 4099 TAMIÁMI TRAIL, NORTH

NAPLES, FL 34103 SUITE 400 NAPLES, FL 34103 US

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: 03/30/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

VANDERBILT BEACH MOT, EL, INC. Name: Name: Address: 9225 GULFSHORE DRIVE N Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: STARMAN, SHELDON Name: STARMAN, SHELDON

Address: 4099 TAMIAMI TRAIL. SUITE 400 Address: 4099 TAMIAMI TRAIL, NORTH SUITE 400

City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103

Title: MGRM () Delete Title: () Change () Addition

RUBECK, RONALD Name: Name: Address: 1517 BROWNING LANE Address: City-St-Zip: BLOOMINGTON, IN 47401 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: RUBECK, KATHLEEN Name: Address: 1517 BROWNING LANE Address: City-St-Zip: BLOOMINGTON, IN 47401 City-St-Zip:

Title: Title: MGRM () Delete () Change () Addition

EMERY, STEVEN Name: Name: 226 S. COLLEGE AVE. Address: Address: City-St-Zip: BLOOMINGTON, IN 47402 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHELDON STARMAN 03/30/2006