

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000482

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: THE SPINNAKER GROUP, L.C.

## Current Principal Place of Business:

4099 TAMIAMI TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103

## New Principal Place of Business:

2375TAMIAMI TRAIL NORTH  
SUITE 110  
NAPLES, FL 34103

## Current Mailing Address:

4099 TAMIAMI TRAIL, NORTH  
SUITE 400  
NAPLES, FL 34103

## New Mailing Address:

2375TAMIAMI TRAIL NORTH  
SUITE 110  
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:

STARMAN, SHELDON  
4099 TAMIAMI TRAIL, NORTH  
SUITE 400  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

STARMAN, SHELDON  
2375TAMIAMI TRAIL, NORTH  
SUITE 110  
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:

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: VANDERBILT BEACH MOTEL, INC.  
Address: 9225 GULF SHORE DRIVE N  
City-St-Zip: NAPLES, FL 34108

Title: MGRM ( ) Delete  
Name: STARMAN, SHELDON  
Address: 4099 TAMIAMI TRAIL, NORTH SUITE 400  
City-St-Zip: NAPLES, FL 34103

Title: MGRM ( ) Delete  
Name: RUBECK, RONALD  
Address: 1517 BROWNING LANE  
City-St-Zip: BLOOMINGTON, IN 47401

Title: MGRM ( ) Delete  
Name: RUBECK, KATHLEEN  
Address: 1517 BROWNING LANE  
City-St-Zip: BLOOMINGTON, IN 47401

Title: MGRM ( ) Delete  
Name: EMERY, STEVEN  
Address: 226 S. COLLEGE AVE.  
City-St-Zip: BLOOMINGTON, IN 47402

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: STARMAN, SHELDON  
Address: 2375TAMIAMI TRAIL, NORTH SUITE 110  
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date