2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 JAN 14 PM 4:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

000015305 AT

DOCUMENT # A98000001139

1. Entity Name
VANDERBILT PARTNERS II, LTD.

Principal Place of Business	Mailing Address
5551 RIDGEWOOD DRIVE. SUITE 203 NAPLES FL 34108	5551 RIDGEWOOD DRIVE. SUITE 203 NAPLES FL 34108

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2003

4. FEI Number 59-3502704 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATHAN, G. HELEN ESQUIRE 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 34108	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000,000.00	1,000,000	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000001920	STREET ADDRESS	
NAME	CG&S INVESTORS, INC.	CITY-ST-ZIP	
STREET ADDRESS	3400 EAST LAFAYETTE		
CITY-ST-ZIP	DETROIT MI 48207		
DOCUMENT #		STREET ADDRESS	300010086863
NAME			01/14/03--01085--020 **535.00
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STREET ADDRESS			
CITY-ST-ZIP			

14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Keith A. Sharpe 1/8/03 239 566-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (10/02)