

A99000001333

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 16 PM 12:16

68 12/26

**LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT # A99000001333

1. Name of Limited Partnership  
Corporate Center at Vanderbilt  
Limited Partnership  
**REINSTATEMENT 2003**

2. Principal Office Address  
16835 Kercheval  
Suite, Apt. #, etc.  
City & State  
Grosse Pointe, Michigan  
Zip Country  
48230 U.S.A.

3. Mailing Office Address  
16835 Kercheval  
Suite, Apt. #, etc.  
City & State  
Grosse Pointe, Michigan  
Zip Country  
48230 U.S.A.

4. Date Formed or Registered To Do Business in Florida  
8/12/99

5. FEI Number  
59-3582978  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:  
\$5,500,000.00

7b. Amount of Capital Contributions in FLORIDA to date:  
\$5,500,000.00

8. Name and Address of Current Registered Agent  
Name  
Robert G. Menzies  
Street Address (P.O. Box Number is Not Acceptable)  
850 Park Shore Drive  
Suite, Apt. #, Etc.  
Third Floor  
City State Zip Code  
Naples FL 34103

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  
SIGNATURE (Registered Agent Accepting Appointment) DATE 12-10-03

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Modular Development Co., Inc.	16835 Kercheval	Grosse Point, MI	P98000093482

800025534538  
12/16/03-01072-027 \*\*1026.25

**REINSTATEMENT 2003**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this statement in accordance with the provisions of the Florida Statutes.

SIGNATURE DATE 12/12/03

Typed or Printed Name of General Partner Signing Form Modular Development Co., Inc. Telephone Number (313) 343-8400

CR2E039 (10/02)